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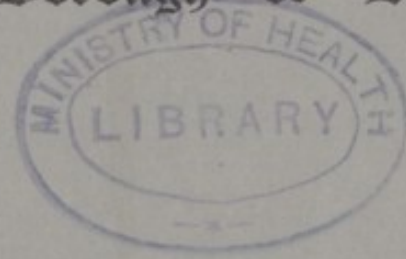
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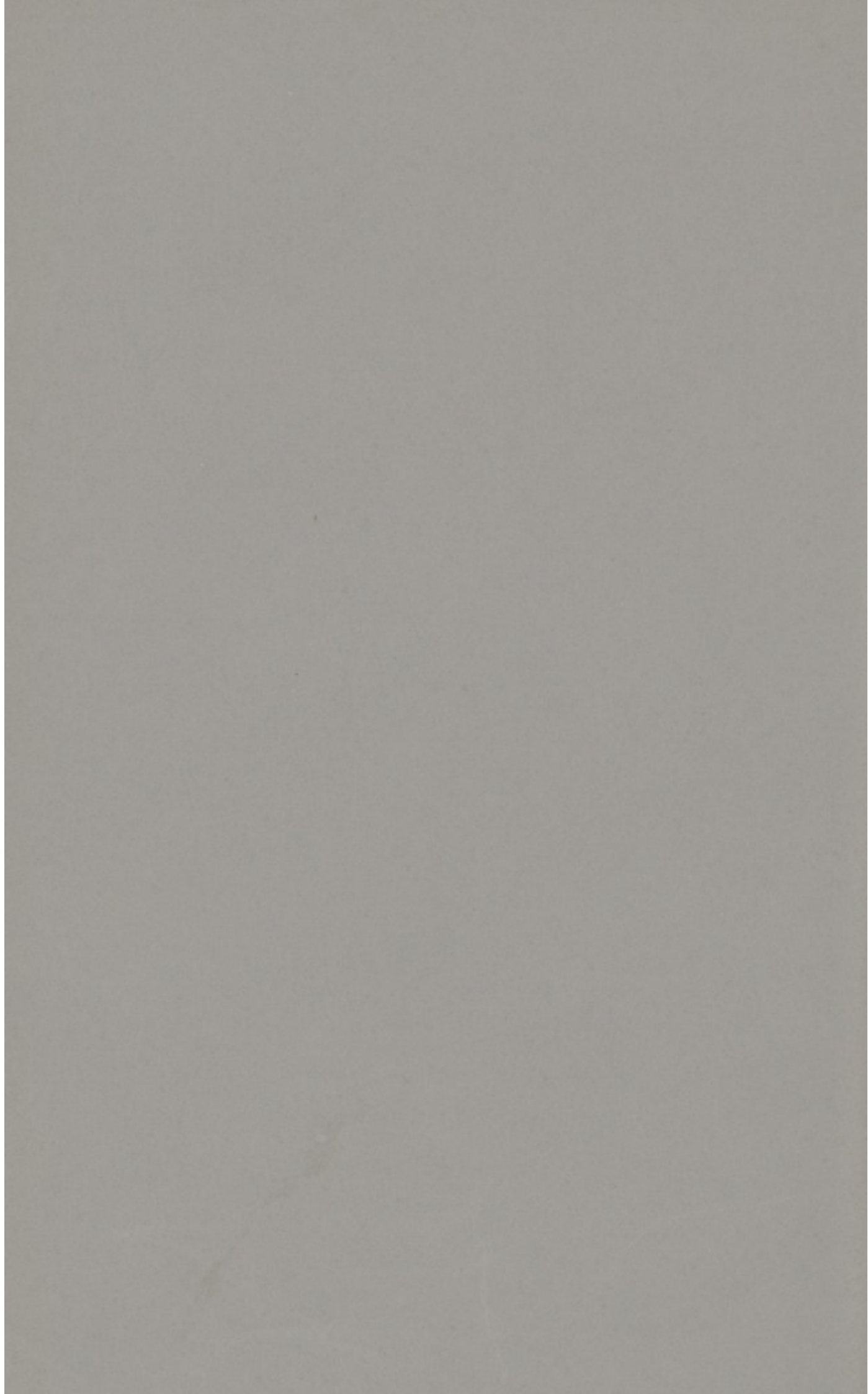
Borough of Leyton.



**HEALTH  
REPORT  
FOR THE YEAR  
1953.**

**ANDREW W. FORREST,**  
M.A., M.D., M.B., CH.B., D.P.H.,

*Medical Officer of Health, Borough of Leyton,  
Area Medical Officer, County of Essex.*



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## PUBLIC HEALTH COMMITTEE

1953-54

The Worshipful Mayor—Councillor A. A. FRENCH, J.P.  
(*ex officio*)

*Chairman*

Councillor H. E. MARTIN

*Vice-Chairman*

Councillor F. W. MARSHALL

---

Alderman G. S. FLACK

„ B. G. RAYNER

„ E. A. RIGG

Councillor Mrs. A. M. M. BURRELL

„ W. A. CHAPMAN

„ Miss V. D. GOSTLING

„ E. MARTIN

„ F. W. WIGG

**Leyton Health Area Sub-Committee of the Health Committee  
of the Essex County Council**

1953-54

Chairman : Councillor Mrs. A. M. M. BURRELL

Vice-Chairman : Councillor J. J. WALSH

*Representatives of Essex County Council*

County Aldermen :

Mrs. M. BALL (*ex-officio*) (Chairman, County Health  
Committee)

F. D. SMITH

County Councillors :

H. BURTON (County Education Committee)

Mrs. F. E. COCHRANE

H. HERRIDGE

F. R. RICHARDS

Dr. C. SKINNER (*ex-officio*) (Vice-Chairman, County  
Health Committee)

*Representatives of Leyton Borough Council*

Aldermen : G. S. FLACK

Mrs. J. HAMMOND, O.B.E., J.P.

Mrs. R. KING

Councillors : W. A. CHAPMAN

J. A. E. COLLINS

W. J. GIFFIN

Miss V. D. GOSTLING

E. W. R. HARDING

W. HOOK, M.P.S.

W. J. LOW

F. W. MARSHALL

E. MARTIN

T. C. MESSENGER

*Representative of Local Medical Committee*

Dr. J. F. B. HILL

*Representative of Hospital Management Committee*

Alderman The Lady McENTEE, J.P.

*Representative of Executive Council for Essex*

J. W. RANDALL NATION, Esq., J.P.

*Representatives of Voluntary Organisations*Mrs. A. M. CLEWER (Leyton, Wanstead & Woodford Care  
Association)G. A. DICKER, Esq. (Leyton, Wanstead & Woodford Care  
Association)

Mrs. E. GARDNER (British Red Cross Society)

Mrs. A. E. Sampson (St. John Ambulance Brigade)



## LEYTON COMMITTEE FOR EDUCATION

1953-54

Chairman : Alderman Mrs. J. HAMMOND, O.B.E., J.P.

Vice-Chairman : Councillor A. L. CHAMBERLAIN

*Representative Members (Leyton Borough Council)*

Alderman : A. E. BECHERVAISE

Mrs. R. KING

Councillors : F. J. ABBOTT, J.P.

Mrs. D. E. BARKER

A. W. BOURNE

The Rev. C. A. FOX (C.F.)

Miss V. D. GOSTLING

E. W. R. HARDING

W. HOOK, M.P.S.

W. J. LOW

E. MARTIN

C. J. MILLS

G. W. A. ROBINSON

J. J. WALSH

*Co-optative Members*

Mrs. E. V. PEARSON

J. FAIRFAX

M. RAYNER

S. G. SHEPHERD

R. J. THURSTON

L. W. TURP

*Nominated Members (Appointed by the County Council)*

County Councillors : E. C. HARDY

P. V. FANING

**OFFICERS OF THE HEALTH SERVICES**  
**LEYTON BOROUGH COUNCIL**

*Medical Officer of Health*

Borough School Medical Officer and Area Medical Officer  
(Essex County Council)

ANDREW WALKER FORREST, M.A., M.D., M.B., CH.B., D.P.H.

*Deputy Medical Officer of Health*

Deputy Borough School Medical Officer and Assistant County  
Medical Officer (Essex County Council)

MARY LYLE GILCHRIST, M.D., M.B., CH.B., D.P.H.

*Senior Sanitary Inspector*

B. J. Ashcroft, M.S.I.A., M.Inst.B.E. a, b, c, e

*Deputy Senior Sanitary Inspector*

R. A. Reeves, M.S.I.A. a, b

*Sanitary Inspectors*

A. E. Barnes a, b

J. Clarke a, b

P. W. Edwards, M.S.I.A. a, b

E. R. Hodge, M.S.I.A., M.R.S.I. a, b, d

(Resigned 2.11.53)

G. D. John, M.S.I.A. a

C. Pomfret, M.S.I.A., A.R.S.I. a, b, c

- a. Certificate of the Royal Sanitary Institute and Sanitary Inspectors' Examination Joint Board.
- b. Royal Sanitary Institute—Meat and Food Inspector's Certificate.
- c. Royal Sanitary Institute—Smoke Inspector's Certificate.
- d. Royal Sanitary Institute—Certificate in Sanitary Science as applied to Building and Public Works.
- e. Gold Medallist—Ollett Trust Competition.

*Public Analysts*

G. Taylor, F.R.I.C.

J. H. Hamence, M.Sc., Ph.D., F.R.I.C.



*Chief Clerk*

\*W. D. Softley

\*Part-time.

*Clerical Staff*

N. Gray

J. Burt

Mrs. V. Hatwell

L. Williams

T. Crute

## ESSEX COUNTY COUNCIL

*Assistant County Medical Officers*

\*MARY L. GILCHRIST, M.D., M.B., Ch.B., D.P.H.

SAMUEL C. LOVELL, M.R.C.S., L.R.C.P.

ETHEL R. EMSLIE, M.B., Ch.B., M.D., D.P.H., D.C.H.

SHIRIN DASTUR, M.R.C.S., L.R.C.P. (Resigned 31.1.1953)

ELSIE LILIAN PEET, M.D., M.B., B.Ch. (from 1.2.53)

\*ANNE S. CLARK, M.B., Ch.B.

\*RACHEL JACOBS, M.D., D.Obst., R.C.O.G.

\*Part-time.

*Specialist Part-time Medical Officers. (Regional Hospital Board Appointments)**Ophthalmologist*

A. LOGAN ADAMS, M.R.C.S., L.R.C.P., M.B., B.S., D.O.M.S.

*Orthopaedic Surgeon*B. WHITCHURCH HOWELL, F.R.C.S., M.B., B.S., M.R.C.S., L.R.C.P.  
(to 15.4.53)

H. A. OATLEY, M.B., B.S., F.R.C.S. (from 4.6.53)

*Aural Surgeon*

S. HILLMAN, L.R.C.P., L.R.C.S., L.R.F.P.S. (to 22.7.53)

A. N. CAMMACK, B.M., B.Ch., D.L.O. (from 29.7.53 to 16.12.53)

*Area Dental Officer*

A. E. HALL, L.D.S. (Liverpool)

*Dental Officers*

Miss P. T. FULLER, L.D.S. (Resigned 2.7.53)

\*Mrs. D. M. POWELL, L.R.C.P., L.R.C.S.(Ed.), L.R.F.P.S.(Glas.),  
1920, L.D.S., R.C.S. (Ed.)

\*C. SHAMASH, B.D.S., L.D.S. (R.C.S.).

Miss P. M. BALL, B.D.S. (New Zealand). (From 16.3.53 to  
23.5.53)

\*Mr. P. G. ARNOLD, L.D.S., B.D.S. (From 15.7.53)

\*Mr. P. J. PEARCE, B.D.S. (Lond.). (From 21.9.53)

\*Mr. G. M. RITCHIE, L.D.S., R.C.S. (From 16.11.53)

\*Miss S. ROGART, L.D.S., R.C.S. (From 23.11.53)

\*Mr. T. D. H. MILLAR, L.D.S., R.C.S. (Ed.). (From 27.11.53)

\*Mr. L. ALTMANN, L.D.S. (From 21.7.53 to 13.8.53)

*Non-Medical Superintendent of Midwives*

Miss E. M. Wearn a, b, c, e

*Midwives*

Miss E. Daines a, b

Mrs. C. L. Wackett a, b

*Superintendent Health Visitor*

Miss E. M. Franklin a, b, c

*Health Visitors/School Nurses*

Miss L. Acton a, b, d Miss B. King a, c, d

Mrs. I. M. Adamson a, b, c Miss K. M. Munday a, c

Miss I. D. Appledore a, b Miss M. Murray a, b, c  
(Commenced 20.7.53) (Resigned 31.3.53)

Miss M. J. Charters a, c Miss M. E. Nangle a, d

Mrs. D. E. Chatfield a (Resigned 30.11.53)

Miss E. O. Corby a Miss M. H. Roger a, b, c

Miss G. W. Craddock a, c Mrs. Q. H. Rolfe a, c

Miss J. M. Denman a, b, c (Resigned 30.11.53)  
(Commenced 4.8.53) Mrs. M. Sims a, b

Miss R. M. Edward a, c Mrs. J. H. Souter a, b, c

Miss C. B. Ferguson a, b, c Miss E. M. Walling a, b, c  
(Resigned 13.8.53)

\*Part-time.



*Tuberculosis Visitors*

Miss C. G. Teale a, b, c, e  
 Mrs. L. M. Abbott a, f

*Matrons of Day Nurseries*

## Knotts Green Day Nursery—

Mrs. E. M. White a, d

## Ellingham Road Day Nursery—

Mrs. D. M. McStay a, b

(a) S.R.N.	(d) S.R.F.N.
(b) S.C.M.	(e) Q.N.
(c) H.V. Cert.	(f) T.A. Cert.

*Orthoptist*

Mrs. K. S. BOX, S.R.N., S.C.M., D.B.O.  
 (Regional Hospital Board Appointment)

*Speech Therapist*

Miss M. E. Tippett

*Chiropodists*

Chief : J. C. O'Brien, m.ch.s.

Others : Miss J. M. Hunter, m.ch.s.

D. D. Waters, m.ch.s.

S. A. Wightman, m.ch.s.

\*R. Sadowski, m.ch.s.

\*G. E. Fenn, m.ch.s.

*Domestic Help Organiser*

Mrs. E. M. Saxby

*Oral Hygienist*

Miss J. Watts

\*Part-time.

*Dental Attendants*

Mrs. D. Blundell

Miss E. Corcoran

Miss A. I. Warren

\*Mrs. Ayres. (From 16.11.53)

\*Mrs. Ferris. (From 25.11.53)

\*Part-time.

*Clinic Clerks*

Miss F. C. Cheetham

Mrs. L. Neville

Miss E. Nichols (Foot Clinic)

Mrs. J. Price

*Chief Administrative Assistant*

W. D. Softley

*Administrative and Clerical Staff*

F. C. Ware

E. R. Price

L. G. Goodbun

G. A. Thurlow

E. Lamb

A. Keeys

Miss E. Beckley

Mrs. F. Wright

Miss R. Carrington

G. Whitehouse

**STATISTICS AND SOCIAL CONDITIONS OF THE AREA.**

Area in Acres	...	...	...	...	...	...	2,594
Population (Census 1951)	...	...	...	...	...	...	105,183
Population (Registrar-General's Estimate, June 1953)	...	...	...	...	...	...	103,200
Number of Families [Census (1 per cent. tables) 1951]	...	...	...	...	...	...	34,800
Number of Persons per Household [Census (1 per cent. tables) 1951]	...	...	...	...	...	...	2.94
Assessable Value for General Rate Purposes (1953/54)	...	...	...	...	...	...	£786,946
Sum represented by a Penny Rate for General Rate purposes (1953/54)	...	...	...	...	...	...	£3,140

F. C. Ware  
 E. R. Price  
 I. G. Goodban  
 G. A. Thunlow  
 E. Lamb  
 A. Keeve  
 Miss E. Beckley  
 Mr. V. Wright  
 Miss R. Carrington  
 G. Whitehouse

J. C. O'Brien, M.A.  
 Mr. J. M. ...  
 Mr. D. H. ...  
 Mr. A. ...  
 Mr. ...  
 Mr. ...

Mrs. E. ...  
 Miss J. ...



## METEOROLOGICAL CONDITIONS, 1953

### Summary of Temperature, Rainfall and Sunshine Records

These figures—supplied by the Director of the Meteorological Office of the Air Ministry—summarise the official recordings of temperature, rainfall and sunshine made at Kew Observatory during the year 1953.

From a meteorological point of view the year was regarded as a dry and sunny one, with the temperature a little above average ; and the following is a verbal summary of the main features of the weather in London month by month.

- January : Dry ; rather cold.  
The driest January at Kew since 1929.
- February : Wet and snowy, becoming mild.
- March : Very dry and foggy. Fog on 14 days.  
The driest March at Kew since 1944.
- April : Changeable.  
Sunshine above average.
- May : Fine, then changeable.  
One of the coldest and wettest firsts of May  
this century.  
The sunniest May at Kew since 1940.
- June : Mainly cool ; warmer at the end.  
Sunshine below normal.
- July : Very wet ; rather cool.  
Wettest July at Kew since 1941 ; and coldest  
there since 1940.  
Sunshine about average in spite of excessive  
rain.
- August : Changeable, but sunny.  
The sunniest August since 1947.



September : Sunny, but rather wet.

The sunniest September since 1934.

October : Dry at first, then wet.

Sunshine below average.

November : Dry and mild.

December : Very mild and very dry.

The mildest December since 1934 ; the driest since 1933.

With regard to Public Holidays, the Easter week-end (3rd-6th April) had the coldest Easter Sunday in April since 1936. The Whitsun week-end (23rd-25th May) was the warmest since 1944. The August week-end (1st-3rd August) was one of the sunniest since 1933, and the Christmas Holiday (24th-27th December) was the sunniest since 1929.

April : Changeable. Sunshine above average.

May : Fine, then changeable. One of the coldest and wettest firsts of May this century. The sunniest May at Kew since 1940.

June : Mainly cool ; warmer at the end. Sunshine below normal.

July : Very wet ; rather cool. Wettest July at Kew since 1941 ; and coldest there since 1940. Sunshine about average in spite of excessive rain.

August : Changeable, but sunny. The sunniest August since 1917.

*TO THE MAYOR, ALDERMEN AND COUNCILLORS OF  
THE BOROUGH OF LEYTON.*

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present herewith my Annual Report on the health, sanitary circumstances, and vital statistics of the Borough of Leyton during the year 1953. The Report is drawn up in accordance with the instruction contained in Article 17(5) of the Sanitary Officers (Outside London) Regulations (1935), and on the lines required by Ministry of Health Circular 1/54 of January, 1954. The Report also contains information regarding the services administered by Leyton Health Area Sub-Committee and by Leyton Committee for Education on behalf of Essex County Council.

In previous years I have endeavoured to include in this preamble a short survey of matter contained in the body of the Report, but with the ever increasing scope and duties of the Health Department it has become more difficult and more invidious to select material for such an introductory survey. The following pages contain of necessity much information in the form of figures and facts required by the Ministries of Health and Education, but they also contain general observations and special reports by members of the staff on many aspects of the Health Services which are of current interest and are considered to merit special attention. On page 2 will be found an index designed to facilitate easy reference to special subjects.

From the table of vital statistics on page 24 it will be seen that the post-war increase in the population of Leyton was short lived, and that the gradual but progressive decline in population since 1949 still continues. The birth rate, which reached its post-war maximum in 1947, has declined since then almost to the level of the lowest pre-war figure. No Leyton mother died from causes connected with pregnancy and childbirth, and the Leyton infantile mortality rate (23.45) is lower than the comparative rates for the country as a whole, London, and the great towns. The high death rate of 19.66 per thousand is due to a new method of calculation introduced by the Registrar-General (see page 19) whereby Leyton is credited with the deaths of over eight hundred residents from other areas who died in Lanethorne Hospital during the year.

As far as vital statistics show, the health of the people in the Borough remains remarkably good ; but medical officers, sanitary



inspectors, health visitors and other social workers are confronted daily with an accumulating amount of unhappiness, frustration and despair due to the necessity of sharing of households. Since the end of the last war there has been a substantial increase in the number of families. Due to lack of housing accommodation, we see daily the great physical and mental strain borne by young families who are growing up in households not their own, and the equally great strain borne by the older people who have to share the accommodation.

Of the many duties and responsibilities of the Medical Officer of Health, the chief is still the prevention of epidemic disease, and, of the epidemic diseases not yet brought under control, those that now give rise to the greatest anxiety are tuberculosis and poliomyelitis.

So great has been the success of the campaign for protection against diphtheria that we now have a generation of young parents who may never have seen or heard of a case of the disease among their own or their neighbours' children, and are more afraid of the illnesses they know than of diphtheria. The very success of immunisation is tending to make parents wonder if it is still necessary to have their babies immunised. The object of the campaign remains the same—to secure the immunisation of at least 75 per cent. of babies, and the elimination of the disease depends on the maintenance of a sufficiently high percentage of immunised children in the community.

It is now common knowledge that people are living longer to day than they used to do—so much so, that increased longevity has now become a matter for concern rather than for gratification. For instance, the provision of accommodation for old people has now become one of the most serious problems confronting hospital and housing authorities, and the length of life of pensioners is proving a serious drain on the national exchequer and local superannuation funds.

The provision of adequate housing and the prevention of pollution of the atmosphere are two of the most important public health problems of our time, and reports dealing with these two subjects are to be found in the section of the report dealing with Sanitary Circumstances. This section of the Report has been largely re-arranged and in great measure re-written by Mr. B. J. Ashcroft, who took over the duties of Senior Sanitary Inspector in January, 1953.

It is my privilege to acknowledge again the support accorded to me by the members of the Council, and the interest and encouragement shown by the Chairmen and Members of the Committees concerned with the work of the Health Department, and it is with sincere thanks that I record my appreciation of the industry and efficiency of my colleagues on the staff.

I have the honour to be,

Mr. Mayor, Ladies and Gentlemen,

Your obedient Servant,

*A. W. Forrest.*



## Vital Statistics

Population ... ..	103,200
Live Births :—	
Legitimate Males ... ..	645
Females ... ..	594
Illegitimate Males ... ..	20
Females ... ..	20
Totals ... ..	1,279
Birth rate per 1,000 of population ... ..	12.39
Stillbirths :—	
Males ... ..	17
Females... ..	12
Rate per 1,000 total (live and still) births ... ..	22.17
Deaths :—	
Males ... ..	986
Females... ..	1,043
Totals ... ..	2,029
Death Rate per 1,000 ... ..	19.66
Number of women dying from diseases and accidents of pregnancy and childbirth :—	
From Sepsis ... ..	0
From other causes ... ..	0
Rate per 1,000 total (live and still) births ... ..	.00
Death rate of infants under one year of age :—	
All infants per 1,000 live births ... ..	23.45
Legitimate infants per 1,000 legitimate live births... ..	23.41
Illegitimate infants per 1,000 illegitimate live births ... ..	25.00

The natural decrease of population (i.e. excess of deaths over births) was 750.

### COMPARABILITY FACTOR

To make approximate allowance for the way in which the sex and age distribution of the Borough population differs from that for England and Wales as a whole, the Registrar-General has issued the following comparability factors for Leyton.

Area comparability factor for births ... ..	0.96
Area comparability factor for deaths ... ..	0.91

These factors, when applied to the crude rates, produce the following adjusted rates :—

Live births	...	...	...	...	11.89
Deaths	...	...	...	...	17.89

The usual comparison of birth and death rates with those for the whole country is shown in Table 1, on page 23.

## DEATHS

The Registrar-General's classification of causes of death by sex totals is shown in Table 4, on page 25.

The total number of deaths in 1953 (2,029) compares with 1,220 in 1952, the respective death rates per 1,000 population being 11.70 and 19.66.

*N.B.*—In October, 1952, the Registrar-General issued instructions whereby the following types of institutions are regarded as the usual place of residence of their inmates, and that, as from 1st January, 1953, in these types of institutions the births and deaths are assigned to the area in which the event takes place.

Hospitals for the Chronic Sick.

Nursing Homes for Aged and Chronic Sick.

Mental Deficiency Institutions and accommodation provided under Part III of the National Assistance Act, 1948.

The effect of this is that nearly eight hundred deaths (in Langthorne Hospital), which would have been transferred to districts other than Leyton have been assigned to this area with the result that the death rate of 19.66 is the highest this century, as against an adjusted death rate of 10.92 had this not come into effect.



CANCER.—*General.*

Deaths from Cancer numbered 346 (184 males, 162 females).

Death-rates per 1,000 of the population for the past ten years are as follows.

Year	Deaths	Death rate
1944 ...	178	2.83
1945 ...	189	2.16
1946 ...	185	1.81
1947 ...	206	1.95
1948 ...	189	1.78
1949 ...	232	2.17
1950 ...	186	1.74
1951 ...	226	2.15
1952 ...	233	2.23
1953 ...	337	3.35

CANCER.—*Lung and Bronchus*

It is only since 1950 that there has been available figures of the annual number of deaths from Cancer of the Lung and Bronchus. From the figures so far available (1950 to 1953 inclusive) it is evident that Cancer of the Lung is increasing as a cause of death, especially among males.

Year	Males	Females	Total
1950 ... ..	25	10	35
1951 ... ..	33	14	47
1952 ... ..	38	11	49
1953 ... ..	62	17	79

SMOKING AND LUNG CANCER

In 1950 there was published in the *British Medical Journal* a paper by Dr. Doll and Prof. Bradford Hill giving evidence of the existence of a causal relationship between smoking and cancer of the lung. A second paper, reinforcing their previous findings, appeared in the same Journal in 1952, and in 1953 there appeared a further paper by three American workers showing that the experimental painting of mice with tobacco tar caused a cancer of the skin.

These findings have been assessed carefully by a special panel under the chairmanship of the Government acting on behalf of the Standing Advisory Committee on Cancer and Radiotherapy, and the Standing Advisory Committee of the Central Health Services Council has advised the Ministry of Health that a relationship between smoking and cancer of the lung has been established, and that young persons should be warned of the risk.

The strength of the evidence put forward so far has moved tobacco manufacturers in America to set up a special committee for research into the connection between lung cancer and smoking, and it is significant that manufacturers of tobacco in Britain have now given a donation of £250,000 to the Medical Research Council to be used at the Council's discretion.

It is proverbially difficult to teach old dogs new tricks, and in the meantime the older generation of smokers will no doubt continue to please themselves; but every effort should be made to dissuade young people from the use of tobacco—especially cigarettes.

As long ago as 1857 there appeared in *The Lancet* a long and lively correspondence on what was called "The Great Tobacco Question," and the conclusion at that time, although based on different arguments, appears to be appropriate today:—

"We most earnestly desire to see the habit of smoking diminish and we entreat the youth of the country to abandon it altogether."

#### CORONARY THROMBOSIS

Coronary thrombosis—the clotting of blood in the arteries supplying blood to the heart muscle—has become "news" during recent years, for it is a common cause of death among well known public personages, and many others less well known. In any case, it is commonly regarded as one of the diseases, such as gastric or duodenal ulcer, due to the stress and nervous strain of modern life—therefore on the increase.

In the official classification of causes of death there was no separate classification of coronary diseases before 1950, when they were included among heart diseases. But since (and including) 1950



the annual number of Leyton residents who died from coronary diseases has been shown separately, and these are the Leyton figures :—

Year	Male	Female	Total
1950 ... ..	74	40	114
1951 ... ..	83	47	130
1952 ... ..	125	44	169
1953 ... ..	111	48	159

It will be seen that, in the short space of four years since separate figures became available, the number of Leyton residents whose deaths have been certified as due to coronary disease has increased from 114 to 159 (i.e., by 39.47 per cent.).

It is proverbially difficult to teach old dogs new tricks, and in the meantime the other generation of smokers will no doubt continue to please themselves; but every effort should be made to dissuade young people from the use of tobacco—especially cigarettes.

As long ago as 1857 there appeared in *The Lancet* a long and lively correspondence on what was called "The Great Tobacco Question," and the conclusion at that time, although based on different arguments, appears to be approximately correct. We must earnestly desire to see the habit of smoking diminished and we must strive to bring the youth of the country to abandon it altogether.

Year	Male	Female	Total
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1952 ... ..	125	44	169
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TABLE 1.

Birth Rate per 1,000 Total Population and Annual Death Rates	England and Wales	160 County Boroughs and Great Towns (Including London)	160 Smaller Towns	London	Leyton
Birth Rate per 1,000 total population					
Live Births ... }	15.5	17.0	15.7	17.5	11.89*
Still Births ... }	0.35 22.4(a)	0.43 24.8(a)	0.34 21.4(a)	0.38 21.0(a)	.28 22.17(a)
Annual Death Rate per 1,000 Population					
All Causes... ..	11.4	12.2	11.3	12.5	17.89*
Typhoid and Paratyphoid	0.00	0.00	...	...	0.00
Whooping Cough... ..	0.01	0.01	0.00	0.00	0.00
Diphtheria ... ..	0.00	0.00	0.00	...	0.00
Tuberculosis ... ..	0.20	0.24	0.19	0.24	0.28
Influenza ... ..	0.16	0.15	0.17	0.15	0.13
Smallpox ... ..	0.00	0.00	0.00	...	0.00
Acute Poliomyelitis (including polioencepha- litis) ... ..	0.01	0.01	0.01	0.01	0.01
Pneumonia ... ..	0.55	0.59	0.52	0.64	1.61
Deaths					
All causes					
Under 1 year ... ..	26.8(b)	30.8	24.3	24.8	23.45
Enteritis and Diarrhoea Under 2 years of age ...	1.1	1.3	0.9	1.1	0.01

\* Adjusted by the area comparability factor.

(a) Per 1,000 Total (Live and Still) Births.

(b) Per 1,000 related Live Births.

TABLE 2.  
CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN 1953.

Disease	England and Wales	160 County Boroughs and Great Towns	160 Smaller Towns	London Admini- strative County	Leyton
<i>Notifications (Corrected)</i>					
Typhoid Fever ... ..	0.00	0.00	0.00	0.01	0.00
Paratyphoid Fever ... ..	0.01	0.01	0.01	0.01	0.00
Meningococcal fever ... ..	0.03	0.04	0.03	0.03	0.00
Scarlet Fever ... ..	1.39	1.50	1.44	1.02	2.68
Whooping cough ... ..	3.58	3.72	3.38	3.30	5.47
Diphtheria ... ..	0.01	0.01	0.01	0.00	0.00
Erysipelas ... ..	0.14	0.14	0.13	0.12	0.46
Smallpox ... ..	0.00	0.00	0.00	...	0.00
Measles ... ..	12.36	11.27	12.32	8.09	8.91
Pneumonia ... ..	0.84	0.92	0.76	0.73	4.69
Acute poliomyelitis (including Polioencepha- litis)					
Paralytic... ..	0.07	0.06	0.06	0.07	0.03
Non-paralytic ... ..	0.04	0.03	0.04	0.03	0.03
Food poisoning ... ..	0.24	0.25	0.24	0.38	0.25
Puerperal pyrexia ... ..	18.23(a)	24.33(a)	12.46(a)	28.61(a)	33.67(a)

(a) Per 1,000 Total (Live and Still) Births.



TABLE 3.  
COMPARATIVE STATISTICS OF BIRTHS, MORTALITY, ETC.  
LEYTON, 1901-1953.

Year	Population	Births	Birth Rate	Deaths	Death Rate	Deaths under 1 year	Infantile Death Rate
1901	100000	2963	29.63	1243	12.4	404	136
1902	100000	3152	31.52	1183	11.8	336	106
1903	102000	3273	32.08	1112	10.9	322	99
1904	104000	3198	30.07	1370	13.1	444	138
1905	105000	3209	30.05	1177	11.2	303	94
1906	108000	3344	30.9	1327	12.2	382	114.5
1907	120000	3190	26.6	1269	10.6	182	86.6
1908	121200	3071	25.3	1185	9.8	242	78.8
1909	121200	2979	24.6	1208	9.9	244	81.9
1910	123300	3011	24.4	1112	9.0	191	63.4
1911	124736	2931	23.5	1473	11.8	327	116.6
1912	126700	2797	22.1	1343	10.6	223	79.7
1913	129366	2904	22.4	1336	10.3	242	83.3
1914	130847	2800	21.4	1363	10.4	219	78.2
1915	124497	2655	21.3	1510	12.1	225	84.7
1916	B132107* D121420*	2560	19.4	1471	12.1	197	76.9
1917	B125352* D112452*	2005	16.0	1414	12.6	172	85.8
1918	B125352* D112452*	1791	14.3	1723	15.3	161	89.9
1919	B129062* D123896	2195	17.0	1397	11.3	154	70.16
1920	128832*	3168	24.6	1330	10.3	207	65.34
1921	128432	2679	20.86	1290	10.04	182	67.94
1922	131600	2416	18.36	1420	10.79	155	64.16
1923	132800	2328	17.53	1228	9.25	106	45.53
1924	133500	2101	15.74	1325	9.92	110	52.36
1925	132700	2091	15.76	1349	10.16	114	54.51
1926	130000	2022	15.55	1261	9.7	131	64.79
1927	128920	1826	14.16	1322	10.25	80	43.81
1928	130300	1853	14.22	1290	9.90	91	49.10
1929	128300	1731	13.49	1510	11.76	100	57.77
1930	128300	1757	13.69	1222	9.52	81	46.09
1931	128600	1812	14.09	1365	10.61	71	39.18
1932	127140	1666	13.10	1341	10.54	89	53.43
1933	125700	1499	11.91	1468	11.67	76	50.70
1934	123430	1454	11.78	1317	10.67	64	44.02
1935	121690	1493	12.26	1225	10.06	60	40.18
1936	119900	1421	11.85	1272	10.61	74	52.07
1937	118100	1420	12.02	1349	11.42	75	52.81
1938	117200	1509	12.87	1148	9.79	70	46.38
1939	B116100* D110800*	1499	12.90	1242	11.21	46	31.65
1940	96500	1353	14.02	1563	16.2	50	39.03
1941	84790	1129	13.31	1142	13.46	37	38.30
1942	86960	1452	16.69	1123	12.91	73	50.27
1943	87880	1595	18.14	1248	14.20	57	35.73
1944	85440	1613	18.87	1285	15.04	68	42.15
1945	87330	1474	16.87	1147	13.13	52	35.27
1946	101910	2223	21.81	1181	11.58	64	28.78
1947	105550	2359	22.35	1278	12.10	78	33.06
1948	106100	1810	17.06	1118	10.53	38	20.99
1949	106700	1630	15.27	1232	11.54	43	26.38
1950	106600	1447	13.57	1134	10.64	29	20.04
1951	104700	1311	12.52	1362	13.00	27	20.59
1952	104200	1355	13.00	1220	11.70	37	27.30
1953	103200	1279	12.39	2029	19.66	30	23.45

\* Population as estimated for purposes of B, Birth Rate, D, Death Rate.

TABLE 4.

## Causes of Death as given by the Registrar-General, 1953.

Causes of Death	Males	Females	Total
1. Tuberculosis (Respiratory) ... ..	17	11	28
2. Other forms of Tuberculosis ... ..	0	1	1
3. Syphilitic Disease ... ..	3	0	3
4. Diphtheria ... ..	0	0	0
5. Whooping Cough ... ..	0	0	0
6. Meningococcal Infections ... ..	1	0	1
7. Acute Poliomyelitis ... ..	1	0	1
8. Measles ... ..	0	0	0
9. Other Infective and Parasitic Diseases ... ..	2	1	3
10. Malignant Neoplasm—Stomach ... ..	31	22	53
11. Malignant Neoplasm—Lung and Bronchus ... ..	62	17	79
12. Malignant Neoplasm—Breast ... ..	0	31	31
13. Malignant Neoplasm—Uterus... ..	0	12	12
14. Other Malignant and Lymphatic Neoplasms	82	80	162
15. Leukaemia and Aleukaemia ... ..	1	2	3
16. Diabetes ... ..	1	6	7
17. Vascular Lesions of Nervous System ... ..	139	155	294
18. Coronary Disease, Angina ... ..	111	48	159
19. Hypertension with Heart Disease ... ..	31	46	77
20. Other Heart Disease ... ..	159	330	489
21. Other Circulatory Disease ... ..	32	35	67
22. Influenza ... ..	5	9	14
23. Pneumonia ... ..	92	75	167
24. Bronchitis ... ..	100	84	184
25. Other Diseases of Respiratory System ... ..	11	1	12
26. Ulcer of Stomach and Duodenum ... ..	9	6	15
27. Gastritis, Enteritis and Diarrhoea ... ..	3	3	6
28. Nephritis and Nephrosis ... ..	5	5	10
29. Hyperplasia of Prostate ... ..	9	0	9
30. Pregnancy, Childbirth, Abortion ... ..	0	0	0
31. Congenital Malformations ... ..	3	8	11
32. Other Defined and Ill-defined Diseases ... ..	49	44	93
33. Motor Vehicle Accidents ... ..	10	3	13
34. All Other Accidents ... ..	8	8	16
35. Suicide ... ..	8	0	8
36. Homicide ... ..	1	0	1
Totals, 1953 ... ..	986	1,043	2,029
Totals, 1952 ... ..	635	585	1,220



## Infectious Diseases

### PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

Table showing the number of notified cases of infectious diseases and their disposal.

Disease	Notifications Received	Removed to Hospital
Smallpox ... ..	...	...
Diphtheria ... ..	...	...
Erysipelas ... ..	48	3
Scarlet Fever ... ..	277	56
Pemphigus Neonatorum ... ..	...	...
Tuberculosis, Pulmonary ... ..	78	33
Tuberculosis, Other forms ... ..	13	10
Pneumonia ... ..	484	114
Ophthalmia Neonatorum ... ..	1	1
Typhoid Fever ... ..	...	...
Paratyphoid Fever ... ..	...	...
Puerperal Pyrexia ... ..	44	38
Meningococcal infection ... ..	...	...
Poliomyelitis, Paralytic ... ..	4	4
Poliomyelitis, Non-paralytic ... ..	4	4
Acute Encephalitis, Infective ... ..	...	...
Acute Encephalitis, Post Infectious ... ..	...	...
Measles ... ..	920	30
Whooping Cough ... ..	565	8
Dysentery ... ..	35	22
Food Poisoning ... ..	26	5
	2,499	328

## THE PUBLIC HEALTH (INFECTIOUS DISEASES) REGULATIONS, 1953.

On 14th March the Ministry of Health circulated to Local Authorities the Public Health (Infectious Diseases) Regulations, 1953, which supersede the Public Health (Infectious Diseases) Regulations, 1927 and the Infectious Diseases (London) Regulations, 1927. The new regulations came into operation on 1st April, 1953.

In their general substance and form the new regulations are similar to the old; that is to say, they require notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and provide for preventive steps to be taken against the spread of certain diseases specified in the Fourth Schedule to the regulations. This schedule has been framed to accord with the present shape and working of the health services; and, in Part III, it differs from the corresponding part of the earlier regulations in some important respects concerning prevention of food poisoning.

The provisions about action to be taken by local authorities and Medical Officers of Health against the risk of food poisoning applied under the old regulations to "enteric fever and dysentery". They now apply to "typhoid fever, paratyphoid fever or other salmonella infections, dysentery, and staphylococcal infection likely to cause food poisoning". (The phrase "typhoid fever, paratyphoid fever or other salmonella infections" comprises the diseases previously described as "enteric fever".) They provide for action to be taken not only in respect of a person suffering from the disease in question, but also of a person shown to be a carrier of the disease; and a person in either class may now be prevented not only from continuing to work in an occupation connected with food or drink, but also from entering such an occupation. In the new regulations, while the same general principle is maintained (because action may involve the local authority in paying compensation under Section 278(1) of the Public Health Act, 1936), there is provision to enable a local authority to give its Medical Officer of Health such authorisation as will permit him to take the prescribed action in a particular case without waiting to report it—though he is required to report it at the earliest opportunity—if in his judgment this action needs to be taken as a matter of immediate urgency to prevent the spread of infection.



Local Authorities and their Medical Officers of Health have been limited in the past to action against actual sufferers from infection, but their preventive powers are now extended to include any person connected with food preparation or handling who is suspected of being a "carrier". Formerly a Medical Officer of Health could not take action without first informing the Local Authority, but now he will be able to take immediate action in an emergency.

### DYSENTERY.

During the year 40 notifications of dysentery were received. Five were subsequently withdrawn, owing to corrected diagnosis; and, of the remainder, 24 cases were admitted to hospital and 11 treated at home.

An analysis of the cases notified shows that 12 occurred in hospitals, eight in "Part III" accommodation, and 15 in private homes; whilst bacteriological investigations revealed infection of the *Shigella Sonn i* type in 32 instances, Flexner dysentery two, and not known one.

#### OUTBREAK OF SONN  DYSENTERY IN SCHOOL.

Towards the end of November it was reported to me that the attendance in one class of an Infants' Department of a school was less than half the children on roll, and that a substantial number of absentees were said to be suffering from diarrhoea and vomiting.

Investigation showed that the adjacent Junior School was free from infection, and that not only one, but four, classes in the Infants' Department were affected.

An intensive inspection of the school catering arrangements revealed no unsatisfactory circumstances in the preparation, cooking or serving of the meals, and no illness or suspected illness among members of the catering staff. Nor was there any correlation between school meals and children affected; in fact, the majority of the affected children had not been partaking of school meals.

As a result of daily visits to the school, and with the co-operation of the private medical attendants and the school attendance officer, the school medical officer and school nurse were soon able to localise the outbreak without interfering with the attendance of children who gave no cause for suspicion.

Of 31 children from whom rectal swabs were taken for bacteriological examination, four school children and three pre-school home contacts were found to have *Shigella Sonnéi* in their stools.

Early in this outbreak the finger of suspicion pointed to a girl who had been absent on two previous occasions—from 25th to 30th November, and again from 2nd to 7th December—with vague “tummy trouble”. When she was found to be suffering from *Sonné* dysentery, and excluded from school along with her classmates whom she probably infected, there was a progressive improvement in attendance, culminating in the good attendance one expects at the school Christmas Party.

### DIPHThERIA.

Year	Cases Notified	Deaths	Case Fatality per cent.
1949	...	...	...
1950	...	...	...
1951	1	...	...
1952	...	...	...
1953	...	...	...

These figures show that no Leyton resident has died from diphtheria during the last five years, and that during the whole of that period only one person has been notified to be suffering from the disease. The last case notified (in 1951) was a very mild infection in a girl who had never been immunised.

Information regarding immunisation against diphtheria is to be found on page 133.

### ACUTE ENCEPHALITIS, INFECTIVE.

No cases were notified.

### ACUTE ENCEPHALITIS, POST INFECTIOUS.

No cases were notified.

### ERYSIPELAS.

Of the 48 cases notified, three were admitted to hospital.



## FOOD POISONING.

There were 24 persons notified during the year to be suffering from food poisoning. Of these, 11 were "single" and apparently sporadic; three occurred in a hospital, and are combined to form one "outbreak"; and 10 occurred in four "family outbreaks". (For purposes of classification, an "outbreak" means two or more related cases in persons of different families; a "family outbreak" means two or more related cases in members of the same family; and a "sporadic case" means a case which was not, as far as could be ascertained, related to other cases.)

The number of cases in which no bacterial or chemical cause was found was 23, whereas the bacterial cause was found in only one case.

In the four "family outbreaks," involving 10 persons, no pathogenic organisms were isolated.

One "outbreak" involved three residents in the Part III accommodation of a local hospital.

No.	Date of Receipt of Notification	Sex	Age	Date of Onset of Symptoms	Interval bet. Onset and Notification (Days)	Cause Identified
1	17.1.53	F	39	15.1.53	2	Unknown
2	17.1.53	F	6	15.1.53	2	Unknown
3	30.3.53	M	2½	28.3.53	2	Unknown
4	14.4.53	F	26	13.4.53	1	Unknown
5	17.4.53	F	31	10.4.53	7	Unknown
6	18.4.53	M	18	14.4.53	4	Unknown
7	28.4.53	M	29	26.4.53	2	Unknown
8	8.5.53	F	6	3.5.53	5	Unknown
9	11.5.53	F	25	8.5.53	3	Unknown
10	8.6.53	F	33	1.6.53	7	Unknown
11	8.6.53	F	1	4.6.53	1	Unknown
12	24.7.53	F	70	19.7.53	5	Unknown
13	4.9.53	M	25	2.9.53	2	Unknown
14	4.9.53	F	53	1.9.53	3	Unknown
15	4.9.53	M	57	2.9.53	2	Unknown
16	2.10.53	F	39	28.9.53	4	Unknown
17	2.10.53	M	47	28.9.53	4	Unknown
18	9.11.53	F	50	5.11.53	4	Unknown
19	9.11.53	F	37	5.11.53	4	Unknown
20	30.11.53	F	26	20.11.53	10	Unknown
21	11.12.53	F	2	6.12.53	5	Salmonella typhimurium
22	31.12.53	F	52	28.12.53	3	Unknown
23	31.12.53	M	31	29.12.53	2	Unknown
24	31.12.53	F	30	28.12.53	3	Unknown

Of the 11 single and "sporadic" cases, one was found to be due to salmonella typhimurium, and in the remaining 10 cases no bacterial cause was found.

The relevant information regarding the 24 persons notified is shown above in tabular form and in chronological order according to the date of notification.

From these figures it will be seen that, of the 24 cases, 17 were females and 7 were males, the youngest being one year and the oldest 70 years of age.

The average interval between the onset of the symptoms and the notification was 3.3 days.

"Food Poisoning" is not a disease; it is merely an assumption by a general medical practitioner that a manifestation of illness in one or more of his patients may be due to the ingestion of food. But such information can be very useful to the health officer in helping him to track down cases which may prove to be the first of a widespread outbreak. Under the circumstances it is not a matter for surprise that the majority of cases notified as "food poisoning" should be found not to be suffering from any disease of bacterial origin. It is the responsibility of the health officer to confirm or otherwise the assumption of the general medical practitioner.

The value of notification is diminished by the length of time that elapses between the onset of symptoms and notification; and in the preponderating majority of cases notified during 1953 the patient or patients were quite free from symptoms, and all traces of suspected food had been destroyed, by the time the health officer carried out his investigation following notification. It is significant that, of 24 cases notified during the year under review, 20 were notified by one medical practitioner.

In my last Annual Report I included certain suggestions to the catering trade regarding precautions which should be taken in the preparation and keeping of food in large quantity. Processed and made-up meat foods are still responsible for more than half the outbreaks of food poisoning in the country; and the following is an extract from a recent publication by the Ministry of Health.

"After processed and made-up foods, the problem presented by the use of duck eggs needs consideration. Though the proportion of infected duck eggs may be very low the actual



number of infected eggs may be considerable, and if one infected egg is used in mayonnaise, meringue or similar mixtures in cooking, or if duck and hen eggs are mixed in liquid or frozen eggs, the chances of large outbreaks are greatly increased. Duck eggs should therefore be boiled for at least 10 minutes or used only in the preparation of foods which are submitted to a temperature of 100°C. or over for this length of time at some stage after the eggs have been added. ”

### MEASLES.

Year	No. Notified	Removed to Hospital	Deaths
1944	136	8	...
1945	797	26	1
1946	439	19	2
1947	698	27	2
1948	1,088	33	...
1949	1,031	56	...
1950	1,111	34	...
1951	1,540	29	2
1952	1,630	39	1
1953	920	30	...

As will be seen from these figures, there has been during 1953 a welcome reduction in measles incidence. When compared with the previous year (1952), when Leyton had the most widespread epidemic since figures became available, there has been a decrease of over 700 cases.

No child died from measles during 1953.

### MENINGOCOCCAL INFECTION.

No cases were notified.

### OPHTHALMIA NEONATORUM.

One case was notified. As a result of treatment, vision was unimpaired.

### PARATYPHOID FEVER.

No cases were notified.

### PEMPHIGUS NEONATORUM.

No cases were notified.

## PNEUMONIA.

Four hundred and eighty-four notifications were received, of which 114 cases were admitted to hospital.

Acute influenzal and acute primary pneumonia are notifiable under Section 143, Public Health Act, 1936, and Regulation (1207) made by the Minister of Health, 1927.

During the past ten years the notifications have increased, as shown by this table.

Year	Year
1944     ...     67	1949     ...     241
1945     ...     44	1950     ...     333
1946     ...     141	1951     ...     372
1947     ...     192	1952     ...     410
1948     ...     155	1953     ...     484

Of the 484 cases of pneumonia notified in 1953, there were 97 notifications from hospitals, 291 from one general medical practitioner, and 96 from all the other local medical practitioners. Under the circumstances no useful purpose would be served by an attempt to explain the increase on etiological grounds.

## POLIOMYELITIS ("INFANTILE PARALYSIS").

### ANNUAL INCIDENCE SINCE 1947.

The following list shows the annual number of cases of acute poliomyelitis notified in the Borough from 1947-1953 inclusive.

Year	Year
1947     ...     14	1951     ...     —
1948     ...     2	1952     ...     12
1949     ...     20	1953     ...     8
1950     ...     14	

### SOURCE OF INFECTION.

In none of the cases notified during 1953 has it been possible to trace infection to a previous case of the disease; nor has any case followed immunisation against diphtheria or whooping cough, removal of tonsils and adenoids, or dental extraction.

### ADMINISTRATIVE MEASURES.

In consequence of the great diversity in the measures of control in operation in neighbouring areas where cases had been occurring, on 21st July there was addressed to all local medical practitioners a letter containing information regarding the incidence of the disease and the measures recommended for dealing with it.



No steps have been taken to suspend the arrangements for immunisation of young children against diphtheria or whooping cough at local authority clinics, but a change was effected in the site of injection and the material used for immunisation against diphtheria. Although the arrangements were not suspended, mothers were advised verbally to defer until a later date the commencement of new courses of immunisation for their children.

#### CASES NOTIFIED DURING 1953.

On the following page there is a table showing in summary form the relevant information regarding the cases notified during the year. It will be seen that, of the eight notified cases, one (a male of 68 years) died as the result of severe and widespread paralysis involving the muscles of respiration. Of the seven remaining cases, four had no paralysis of any kind. Of the three paralytic cases, two are now quite recovered without any disability, and one has a slight weakness of the muscles of the little finger of the left hand.

With the exception of the fatal case—the first case of the year—the infection in the subsequent cases was very mild.

Four times (in 1947, 1949, 1950 and 1952) since the end of the last war the number of notified cases of poliomyelitis has reached double figures; but in the year under review the number (eight) is slightly less. Without in any way trying to minimise the danger or the seriousness of a bad case, I submit this extract from my last Annual Report:—

“To such an extent have we succeeded in protecting infancy and childhood from the ravages of the commoner infectious diseases that used to kill and maim, that the occurrence of a few cases of poliomyelitis tends to give rise to a fear among mothers of young children almost amounting to panic.”

#### MORTALITY.

In order to show the relative importance of poliomyelitis as a cause of death, I submit these figures of the annual number of deaths due to four common dangers to life in Leyton during recent years.

	1948	1949	1950	1951	1952	1953
Poliomyelitis Deaths ... ..	...	1	...	...	...	1
Road Deaths ... ..	11	8	9	9	7	10
Deaths in the Home ... ..	8	5	8	9	13	6
Deaths from Tuberculosis ...	52	37	35	40	24	29

SUMMARY OF NOTIFIED CASES OF ACUTE POLIOMYELITIS—1953.

No.	Date of Notification	Sex	Age	Hospital	Admd.	Dischd.	Site of Paralysis or Paresis	Severity	Progress
1	20.1.53	M	68	Whipps Cross Hospital St. Anne's, Tottenham	19.1.53 20.1.53	20.1.53 22.1.53	Speech. Respiration. All limbs	Severe	Died 22.1.53
2	23.4.53	F	21	Not removed	...	...	Left leg	Mild	After-care Connaught Hp. Recovered. At work
3	15.8.53	M	19	Ilford Isolation Hospital	15.8.53	15.9.53	None	...	No disability. At work
4	21.8.53	F	31	Ilford Isolation Hospital	28.8.53	3.10.53	Left arm and hand	Mild	At work. Some weakness 5th finger (L)
5	22.8.53	F	8	Ilford Isolation Hospital	21.8.53	14.9.53	None	...	No disability
6	2.9.53	M	9	Eastern Fever Hospital	2.9.53	23.9.53	None	...	No disability
7	10.10.53	F	10	St. Anne's, Tottenham	10.10.53	23.11.53	None	...	Full recovery
8	31.10.53	F	2	Ilford Isolation Hospital	9.10.53	19.11.53	Left leg	Very mild	Full recovery



## MORBIDITY

With regard to the amount of subsequent disablement suffered by persons notified during previous years, these cases are followed up from year to year, and the following table shows in summary form the disposal, progress and present state of cases notified since 1947—the first year of increased incidence.

	1947	1948	1949	1950	1952	Totals
Number notified (Excluding extra-district cases)	14	2	16	16	14	62
Number died ... ..	1	...	2*	...	...	3
Number removed from district	5	1	4	2	3	15
Number completely recovered	3	1	3	7	4	18
Number with paralysis and paresis remaining						
Slight ... ..	3	...	5	4	5	17
Moderate ... ..	1	...	2	1	1	5
Severe ... ..	1	...	...	1	1	3
Diagnosis not confirmed ...	...	...	...	1	...	1

\* One of these deaths was not due to poliomyelitis.

It should be noted that, of the paralysed cases (25), only three are now regarded as severe—and, of the three, only one is now wearing a metal calliper.

## PUERPERAL PYREXIA.

Forty-four notifications were received, of which 38 occurred in institutions.

## SCARLET FEVER.

Year	No. Notified	Deaths	Case Fatality per cent.
1944	110	...	...
1945	312	...	...
1946	201	...	...
1947	221	...	...
1948	160	1	0.62
1949	151	...	...
1950	219	...	...
1951	166	...	...
1952	332	...	...
1953	277	...	...

**SMALLPOX.**

No case of smallpox was notified during 1953.

For some eighty years vaccination against smallpox was compulsory. As the law enforcing vaccination became progressively less stringent the number of exemptions increased progressively until 5th July, 1948 when the Vaccination Acts were repealed and vaccination became no longer compulsory.

Although 1,301 children were born in Leyton in 1953, only 362 infants under one year (*i.e.*, 27.82%) were vaccinated against smallpox.

Of 4,038 children inspected in school, only 1,556 (*i.e.*, 38.53%) were found to be protected by vaccination.

**TYPHOID FEVER.**

No notifications were received.

**WHOOPIING COUGH.**

Year	No. Notified	Removed to Hospital	Deaths
1944	198	24	4
1945	99	16	2
1946	155	27	2
1947	178	11	3
1948	623	29	3
1949	316	18	...
1950	769	19	...
1951	593	12	...
1952	244	8	2
1953	565	8	...

Of the 565 children who developed whooping cough during the year, eight had to be removed to hospital.

Further information regarding Protection against Whooping Cough will be found on page 134.

**TUBERCULOSIS.**

**NOTIFICATIONS.**—Ninety-one patients were notified for the first time in 1953 as suffering from tuberculosis. The number was made up as follows :—

	Males	Females	Total
Pulmonary Tuberculosis ...	43	35	78
Non-Pulmonary Tuberculosis ...	5	8	13
	48	43	91
	==	==	==



The following is a statement of particulars appearing in the Register of Notification of Cases of Tuberculosis for the year ended 31st December, 1953 :—

	Pulmonary			Non-Pulmonary			TOTAL
	M.	F.	Total	M.	F.	Total	
Number on Register at commencement of year ...	454	367	821	31	48	79	900
Number first notified during the year ...	43	35	78	5	8	13	91
Number of cases entered in Register otherwise than by Notification ...	9	16	25	...	1	1	26
Number removed from the Register during the year ...	44	31	75	3	4	7	82
Number remaining at the end of the year ...	462	387	849	33	53	86	935
Details of cases removed from the Register during the year :—							
Died ...	24	11	35	...	4	4	39
Removed from the district	18	18	36	2	...	2	38
De-notified ...	2	2	4	1	...	1	5

NEW CASES.—The following table gives particulars regarding the new cases which have occurred during the year :—

Age Periods	New Cases			
	Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.
0	...	...	...	...
1	3	2	...	1
5	...	1	...	...
10	...	1	1	...
15	2	3	...	1
20	2	7	1	...
25	10	11	1	2
35	7	4	1	1
45	6	3	1	2
55	8	2	...	1
65 and upwards	5	1	...	...
Totals	43	35	5	8

## STATISTICAL SUMMARY.

The following tables have been compiled to show the annual numbers of new cases and deaths over a period of ten years.

## NOTIFICATIONS.

Year	Pulmonary			Non-Pulmonary			Total
	M.	F.	Total.	M.	F.	Total.	
1944	43	41	84	11	10	21	105
1945	71	40	111	6	5	11	122
1946	61	30	91	6	11	17	108
1947	50	39	89	4	5	9	98
1948	60	70	130	9	5	14	144
1949	69	49	118	3	6	9	127
1950	79	51	130	7	8	15	145
1951	47	53	100	6	8	14	114
1952	76	38	114	6	7	13	127
1953	43	35	78	5	8	13	91

## DEATHS.

Year	Pulmonary			Non-Pulmonary			Total
	M.	F.	Total.	M.	F.	Total.	
1944	30	26	56	4	4	8	64
1945	20	15	35	3	3	6	41
1946	27	17	44	2	1	3	47
1947	24	17	41	1	3	4	45
1948	23	24	47	3	2	5	52
1949	20	13	33	4	...	4	37
1950	20	11	31	2	2	4	35
1951	26	9	35	4	1	5	40
1952	25	4	29	1	1	2	31
1953	24	11	35	...	4	4	39

## Tuberculosis, with Special Reference to Housing.

As it is impossible to appreciate the importance of housing in the control of tuberculosis without some idea of how infection is spread, I submit some preliminary facts regarding the disease and the germ that causes it.

### The Disease.

The disease known as tuberculosis is due to the invasion of human tissues and organs by a germ called the tubercle bacillus ("T.B.").



### NATURE OF INFECTION.

When the infection is not in the lungs ("non-pulmonary", *e.g.*, in glands, bones and joints) there is no danger to other people unless there is a discharging sore, and even then the danger is limited. But when there is active disease in the lungs ("pulmonary" or "respiratory") living germs get into the surrounding air when the affected person breathes and speaks, and the organisms are sprayed into the atmosphere to a distance of several feet when he coughs or sneezes. Infection is generally caused by inhaling infected air, or by swallowing infected food or drink; but by far the commonest route of infection is from the air.

### MODE OF SPREAD.

Most germs that cause disease cannot live without warmth and moisture, and they die soon after they leave the human body; but the tubercle bacillus is so well protected in its surrounding fatty envelope that it resists drying, and can remain alive in the dust or droplets of the air for a considerable time.

### RESISTANCE OF INFECTION.

We cannot hope to escape infection, to which we are exposed daily; but fortunately most of us are protected by a natural resistance, and most children by the time they leave school have acquired a considerable resistance by exposure to repeated small doses of infection from day to day. But there are many young children who are subjected to repeated doses of infection long before they have had time to acquire immunity, while others have their relative immunity swamped by exposure to massive doses of infection.

### INFLUENCE OF HEREDITY.

There is no justification for the old and widely-held belief that tuberculosis ("consumption") is hereditary. Children born of tuberculous parents are free from the disease, and if they are removed from their parents at birth they do not develop it; but there is abundant evidence that children living with infectious parents are more liable than other children to contract the disease, and that the liability increases when the doses of infection are large and repeated.

## MEDICAL TREATMENT.

During recent years the treatment of tuberculosis by means of new drugs has given cause for encouragement, but medical treatment is very far from being a certain cure, and for those who do not respond to treatment by drugs the alternative surgical treatment has become increasingly severe.

### Prevention and Control.

Tuberculosis is essentially an infectious disease and, as in the case of other infectious diseases caused by bacilli, the only hope of eradicating it is by prevention—that is, by detecting the disease at the earliest possible moment, by isolating as far as possible those who are infectious, and by building up the resistance of those exposed or susceptible to infection.

## ADMINISTRATIVE ARRANGEMENTS.

I had hoped to be able to describe the path of a typical patient as he proceeds from one responsible official body to another in his search for restoration to health and fitness to resume work; but so closely is that path beset by a variety of independently constituted and staffed public bodies that I find it easier to submit in tabular form a list of the authorities, local committees and officers responsible for the various services undertaken on behalf of those afflicted by tuberculosis. This list is submitted in the form of an Appendix on page 49.

Not only is there diversity of responsibility between differently constituted public bodies, but there is diversity between different committees of the same authority. For example, the fitness for habitation of the patient's home and environment is the responsibility of one Committee (Public Health), and the re-housing of the patient and his family is the responsibility of another Committee (Housing).

## TUBERCULOSIS IN LEYTON—1928 to 1953.

### Incidence and Mortality.

Hereunder is submitted a statistical summary showing, in respect of each year since 1928—a period of 26 years—the annual number of Leyton residents notified to be suffering from tuberculosis, and the number who died from the disease. The information is submitted also in the form of a graph.



Year	Notifns.	Deaths	Year	Notifns.	Deaths	Year	Notifns.	Deaths
1928	180	97	1937	131	63	1946	108	47
1929	145	91	1938	129	64	1947	98	45
1930	157	100	1939	107	63	1948	144	52
1931	161	111	1940	106	73	1949	127	37
1932	174	74	1941	114	55	1950	145	35
1933	154	90	1942	104	75	1951	114	40
1934	135	76	1943	118	70	1952	127	24
1935	146	77	1944	105	64	1953	91	29
1936	133	69	1945	122	41			

These figures show the welcome fall in deaths, from 97 in 1928 to 24 in 1952. Roughly speaking, the Leyton death rate today is only about a quarter of what it was 25 years ago. In some quarters the fall in the tuberculosis death rate is attributed to the results of treatment by modern anti-biotic drugs such as penicillin, streptomycin and aureomycin. It will be seen, however, that the rate of fall has been fairly uniform over the whole of the 25-year period, and that it has not been accelerated since anti-biotic drugs became available for treatment some five years ago.

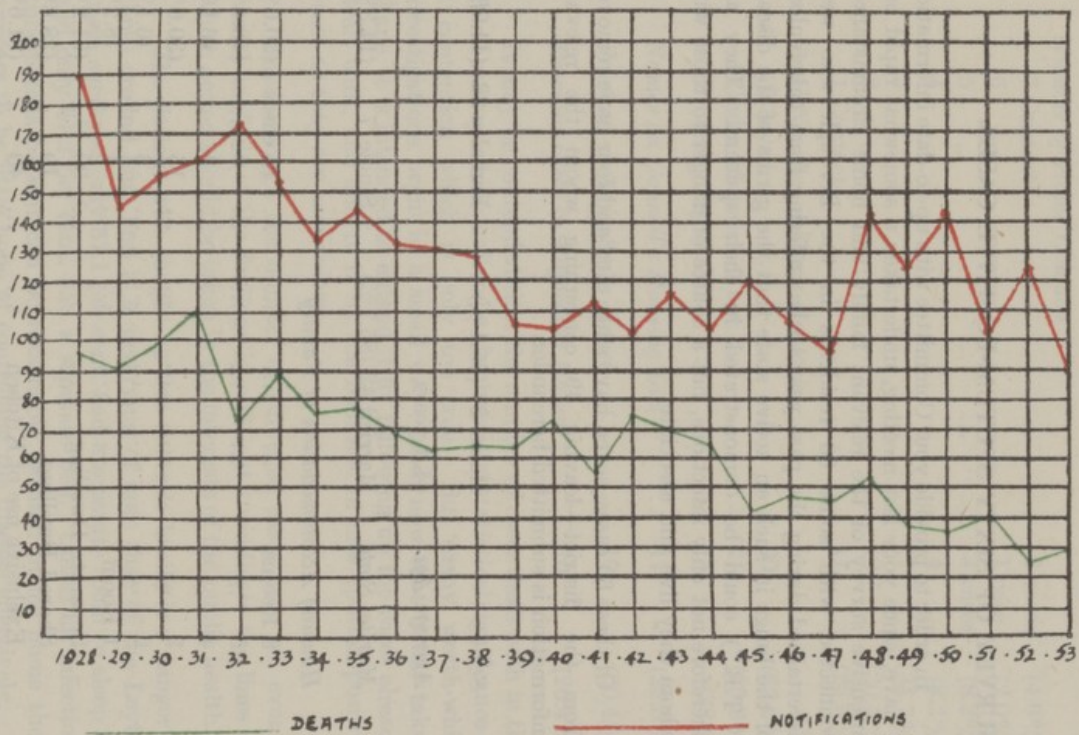
The figures and graph also show a corresponding decrease in the annual number of cases notified in Leyton from 1928 until the outbreak of World War II, during which the number remained somewhat stationary. In 1948, however, there was a remarkable rise in incidence, and the rise has been roughly maintained since that time—no doubt due to the effect of mass radiography in the detection of the disease at an earlier stage.

#### Age at Death.

During the 25 year period some 1,633 Leyton residents have died from tuberculosis ; and the following figures show the number and percentage of these deaths in each of the tabulated age groups.

Age	No. of Deaths	Percentage	Age	No. of Deaths	Percentage
Under 1 yr.	14	0.8	15 to 25 yrs.	311	19.1
1 to 2 yrs.	20	1.2	25 to 45 yrs.	622	38.2
2 to 5 yrs.	32	2.0	45 to 65 yrs.	467	28.5
5 to 15 yrs.	54	3.3	65 upwards	113	6.9

TUBERCULOSIS IN LEYTON—1928 to 1953.





The figures in the table show the extent to which tuberculosis takes its heaviest toll of human life, at the very time when its victims are of greatest value to the community and the national economy, for it will be seen that the great majority (85.8%) died between 15 and 65 years of age.

### SURVEY OF SIXTY SPUTUM-POSITIVE CASES.

In order to provide your Committee with up-to-date information I have, since your last meeting, undertaken a somewhat rapid but intensive survey of the relevant family and home circumstances connected with some 60 residents in the Borough who were ascertained during the past year to be suffering from tuberculosis of the lungs in such an active state that the germs of the disease ("T.B.") could be demonstrated in their sputum. They are therefore not only infectious, but a source of danger to those with whom they live and associate.

Of these 60 cases, seven have since died and four have removed from the district—leaving 49 concerning whom the relevant information is submitted hereunder.

*Sex :* Males 27 (55.1%) Females 22 (44.9%)

*Average Age* 44.3 years

*Marital State* Married 42 (85.7%) Single 7 (14.3%)

#### *Housing Accommodation of Family*

6 Rooms	...	...	...	...	15 cases	(30.6%)
5 "	...	...	...	...	9 "	(18.4%)
4 "	...	...	...	...	3 "	(6.1%)
3 "	...	...	...	...	15 "	(30.6%)
2 "	...	...	...	...	3 "	(6.1%)
1 Room	...	...	...	...	4 "	(8.2%)
Separate Dwelling	...	...	...	...	30 "	(61.2%)
Shared Dwelling	...	...	...	...	19 "	(38.8%)
Exclusive use of Kitchen	...	...	...	...	40 "	(81.6%)
" " " Bath	...	...	...	...	18 "	(36.7%)
" " " Water Closet	...	...	...	...	35 "	(71.4%)
No Bath in House	...	...	...	...	21 "	(42.9%)

*Housing Accommodation of Patient*

Separate Room ... ..	28 cases	(57.1%)
Shares Room ... ..	21 ,,	(42.9%)
Separate Bed ... ..	30 ,,	(61.2%)
Shares Bed ... ..	19 ,,	(38.8%)

*Number of Home Contacts*

7 Contacts ... ..	2 cases	(4.0%)
6 ,, ... ..	1 case	(2.0%)
5 ,, ... ..	4 cases	(8.2%)
4 ,, ... ..	4 ,,	(8.2%)
3 ,, ... ..	17 ,,	(34.7%)
2 ,, ... ..	10 ,,	(20.4%)
1 Contact ... ..	11 ,,	(22.5%)

<i>Total Number of Home Contacts</i> ... ..	138	
X-rayed ... ..	90	(65.2%)
Under 15 years of age ... ..	21	(15.2%)
Protected by B.C.G. ... ..	8	(38%)

<i>Names on Council's Housing List</i> ... ..	11	(22.5%)
<i>Previous cases in Same House</i> ... ..	10	(20.4%)
<i>Previous cases in Adjoining House</i> ... ..	10	(20.4%)

It may be contended that the number of cases dealt with in the above survey is too small to be of substantial statistical significance—a contention which is only too true. But many worth-while investigations begin in a small way; and, now that it has taken shape, it is intended to extend it by following up the cases already dealt with, and add to it by the inclusion of new sputum-positive cases as they are ascertained.

Small though the number of surveyed cases may be, even a casual analysis of the findings is sufficient to indicate the lines on which action should be taken in the interests of the public health.

The patient who coughs up live tubercle bacilli is a danger to those around him, and it is deserving of note that of the Leyton cases surveyed only 57.1 per cent. had a separate room to sleep in, and only 61.2 per cent. had a separate bed. Unless an infectious tuberculous patient can be reasonably isolated in his home there appears to be little hope of controlling the disease effectively.

Hospital Authorities cannot provide beds for a large proportion of tuberculous patients in need of institutional treatment, and it is



contended that over 20 per cent. of patients in sanatoria are there only because there is not suitable accommodation at home for them to return to. It has been truly stated that the provision of sanatorium beds is an expensive and unsatisfactory substitute for unhealthy homes, and that it is not so much more hospital beds that are wanted as more homes with accommodation to prevent the exposure of contacts to repeated and massive doses of infection.

### **HOUSING AND TUBERCULOSIS.**

In the light of our knowledge (outlined above) of how the disease is spread, it is not a matter for surprise that the death rate from tuberculosis varies inversely with the size of the house, and that the disease is from three to four times greater in one-roomed houses than in those with four or more rooms. Evidence of the correlation between overcrowding and tuberculosis is overwhelming, and it has been shown that overcrowding is the cause, rather than the result, of the disease.

Before 1948 the prevention of tuberculosis was regarded as being of more importance than its cure, but since the advent of the National Health Service prevention has taken a second place to treatment. But advances in medical treatment, however spectacular, can have little effect as long as four out of five infectious cases are living at home where they can infect their families and other people.

It is recognised that the home contacts of a person suffering from tuberculosis are five times more liable to develop the disease than persons who are not contacts; and investigations in a London borough have shown that whereas the spread of tuberculosis to other members of the family had taken place in one out of every eight good houses, it had occurred in one out of every five bad houses.

It is realised that the problems confronting local housing authorities are many, and that the allocation of tenancies in the limited number of properties available is a difficult task. Every applicant for a municipal house naturally presents his claim in as cogent a manner as possible, and it is no easy task to select the cases that are most needy.

#### **Collaboration with Housing Authority.**

Since 1950 I have had close co-operation with your Council's Housing Officer in respect of applications for re-housing where

tuberculosis is stated to be a factor, and I take this opportunity of recording my appreciation of his helpful collaboration. There must be few postal deliveries that do not contain at least one plaintive letter from a housing applicant who begs me to support his/her claim because tuberculosis is a factor. Such applicants are interviewed or visited in order to verify their claims, and a report is obtained from the Chest Physician with regard to the activity of the disease and the infectivity of the patient. It is only after establishing that the housing conditions are such as to be a source of danger to home contacts that the name is added to the Housing Officer's list of applicants who are recommended for special consideration because active tuberculosis is a factor.

Since this collaboration has been in operation (*i.e.*, since 1950) some 43 of these cases have been re-housed by the Housing Committee: 5 in 1950; 20 in 1951; 7 in 1952; and 11 in 1953.

#### Active-T.B.-Factor List.

There are still on the Active-Tuberculosis-Factor List some 37 cases in which re-housing is recommended on public health grounds because the present home conditions are conducive to the spread of infection, and an analysis of these 37 cases is summarised in tabular form below.

#### ACCOMMODATION OF FAMILY.

Persons in Family	Rooms (excluding Scullery)					
	1	2	3	4	5	6
1	...	...	...	...	...	...
2	3	6	...	...	...	...
3	2	2	3	...	...	...
4	4	2	5	2	...	...
5	...	2	2	2	...	...
6	...	...	...	...	...	1
7	...	...	...	1	...	...

#### *Sleeping Accommodation of Patient.*

Share Bed	28
Separate Room	5
Share Room/Separate Bed	4

#### *Subsequent Cases of Tuberculosis in same House since Patient on Housing List.*

In two cases there have been two home contacts notified.  
In three cases there has been one home contact notified.

#### Quiescent-T.B.-Factor List.

This is a second list of housing applicants (seven in number) in whose present home there is a person in the quiescent stage of pulmonary tuberculosis.



Although the disease is no longer considered to be in an active state, re-housing is recommended in order to prevent possible recurrence of activity. The nation is spending great sums of money on hospital and sanatorium treatment in the hope of converting "active" into "quiescent" cases and finally arresting the disease altogether; but much of the effort is wasted if patients have to leave the sanatorium in a "quiescent" state and return home to the same conditions that gave rise to the disease when it first became active. The quiescent patient on his return from sanatorium is full of hope to resume his work and his part as a useful member of the community, and I can think of no greater stimulus to his rehabilitation, mental and physical, than the public provision of housing accommodation in which he can practise the way of life he has been enjoined to lead in the sanatorium.

### SUMMARY AND CONCLUSIONS.

Figures are quoted to show that in Leyton during the last 26 years there has been a progressive fall in the number of deaths from tuberculosis; but no corresponding fall during recent years in the number of persons suffering from the disease.

Among persons officially notified to be suffering from tuberculosis there is wide variation in the degree of individual infectivity according to the site and activity of the disease. Some are capable of conveying the disease to those around them, and some are not. The dangerous cases are those who cough up living germs—known as "sputum positive". In a recent survey of sputum-positive cases in Leyton, 42.9 per cent. were found to be sharing a bedroom and 38.8 per cent. a bed.

The success of any measure of control depends on the degree of isolation of the infectious patient; but a patient cannot be considered to be effectively isolated at home unless he sleeps by himself.

Of all measures of prevention, the provision of adequate housing accommodation is the most practicable.

Although the prevention of infectious disease is the responsibility of the Public Health Committee, it cannot hope to carry out established measures of control in respect of tuberculosis without the active co-operation of the Housing Committee in the granting of the highest possible priority in re-housing to residents suffering from tuberculosis in an actively infectious form.

## TUBERCULOSIS.

## Administrative Arrangements.

Authority	Local Committee	Local Officers	Services Available
Local Authority (Leyton Borough Council)	Sanitary (Public Health Committee)	Medical Officer of Health Sanitary Insprs. Disinfecting Staff	Notification Disinfection Prevention and control of infection Meat and food inspection
	Housing. (Housing Committee)		Re-housing
Health Authority. (Essex County Council)	Health Area Sub-Committee	Area Medical Officer Health Visitors	Home visiting Clinic Nursing Supervision of Contacts Immunisation (B.C.G.) Rehabilitation Boarding out of child contacts Occupational therapy Sickroom equipment Domestic Help Open air shelters Convalescence Extra Nourishment Financial grants Bedding Clothing
	After-Care Association	Secretary	
Hospital Authority (Regional Hospital Board)	Hospital Management Committee	Chest Physician	Specialist consultation and diagnosis Mass Radiography Specialist treatment (Domiciliary and institutional)
Practitioner Service	Executive Council	General Medical Practitioners Pharmacists	Initial diagnosis Home treatment
Welfare Service	National Assistance Committee	Area Officer	Financial Assistance



## GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

### 1. Public Health Officers of the Authority.

#### MEDICAL.

Dr. Shirin Dastur, Assistant County Medical Officer, resigned in January, and Dr. Elsie L. Peet was appointed her successor.

#### DENTAL.

Miss Pauline T. Fuller, a full-time dental officer, resigned in July, and, since that time, several sessional dental officers have been appointed. There have been no additions to the full-time dental staff.

#### NURSING.

Three health visitors (Miss E. Walling, Miss M. Murray and Mrs. Q. Rolfe) and one school nurse (Miss M. Nangle) left the staff of the local authority during the year. Two successful students from the County Health Visitors' Course were allocated to the Area, viz., Miss I. Appledore and Miss J. Denman.

#### SANITARY INSPECTION.

Mr. B. J. Ashcroft commenced duties as Senior Sanitary Inspector on 1st January, 1953.

### 2. Laboratory Facilities.

(a) Pathological Department, Whipps Cross Hospital, E.11.  
For pathological specimens.

(b) Central Public Health Laboratory, Colindale.  
For special bacteriological investigations; supply of lymph for vaccination; supply of diphtheria toxin (A.P.T.).

(c) Counties Public Health Laboratories, Queen Victoria Street, London.  
For bacterial and chemical examination of water, milk and other foods.

(d) Public Analysts, Analytical Laboratory, 20, Eastcheap, E.C.3.  
For analysis under provisions of Food and Drugs Act, 1938.

### 3. Ambulance Facilities.

In July, 1948, the County Council became responsible for the provision of ambulance facilities in the area. The service is now administered centrally from Chelmsford, the vehicles and staff being accommodated at the Ambulance Depot in Auckland Road. (Telephone LEY 6077/8.)

### 4. Hospitals.

The following hospitals, administered by the Leytonstone (No. 10) Group Hospital Management Committee on behalf of London N.E. Regional Hospital Board, are situated within the Borough of Leyton.

(a) Whipps Cross Hospital.

Accommodation 872 beds.

(b) Langthorne Hospital.

Accommodation 687 beds.

### 5. Nursing Homes.

There are in the Borough three Nursing Homes registered under the provisions of the Public Health Act, 1936.

(1) 1, Queen's Road, Leytonstone.

With accommodation for 22 patients.

(2) "Brooklands," 22, Fairlop Road, Leytonstone.

With accommodation for 23 patients.

(3) 61, Wallwood Road, Leytonstone.

With accommodation for 21 patients.

### 6. Scabies Clinic.

On 1st November, 1950, the Special Clinic at Ruckholt School was discontinued, and facilities were then available by arrangement with Walthamstow Corporation at the Walthamstow Skin Clinic, High Street, Walthamstow.

On 1st August, 1953, the Walthamstow Skin Clinic closed. With the co-operation of Hackney Borough Council facilities for Leyton patients were made available at the Cleansing Centre, Millfields Road, Hackney. The Cleansing Centre is open for treatment on Mondays to Fridays (inclusive) from 9 a.m. to 12 noon, and on Saturdays from 9-11 a.m.



General medical practitioners who desire to refer a patient for treatment are requested to give the patient a note showing the patient's name and address and that he is considered to be suffering from scabies. It is also requested that the Superintendent of the Cleansing Centre be advised by telephone (AMH 5930) when the patient is likely to arrive.

After treatment the patient is advised to report back to the medical attendant.

During the year 1953, one Leyton resident attended for treatment, and made three attendances.

The following table shows how the number of Leyton patients has decreased since the special facilities became available in 1942.

Year	Cases Treated			Total attendances for treatment
	Children	Adults	Total	
1942 (10 mths.)	...	...	303	1,291
1943	522	632	1,154	2,490
1944	328	517	845	1,990
1945	302	454	756	1,462
1946	261	402	663	1,298
1947	91	156	247	495
1948	67	90	157	271
1949	18	25	43	105
1950	10	7	17	37
1951	2	...	2	6
1952	7	1	8	10
1953	...	1	1	3

## 7. Clinics.

There are in the Area three Essex Health Service Clinics :—

Leyton Green Road, Leyton, opened September 1933.

Granleigh Road, Leytonstone, opened September, 1935.

Dawlish Road, Leyton, opened September 1951.

## NATIONAL ASSISTANCE ACT, 1948.

### Section 47—Removal to suitable premises of persons in need of care and attention.

One case was dealt with under this section during the year.

## Section 50—Burial and Cremation of the Dead.

During the year arrangements were made for the carrying out of nine burials under this Section.

### PUBLIC MORTUARY.

The arrangement entered into between the Council and the Hospital Management Committee (Leytonstone No. 10 Hospital Group) in September, 1949, for the provision of public mortuary facilities at Whipps Cross Hospital mortuary has continued during the year.

Number of bodies deposited, death being due to :—

Natural causes ... ..	38
Suicide ... ..	2
Accidents ... ..	2
	—
	42
	==

Number of Post-mortem examinations performed ... 42

In 38 instances no inquest was considered necessary in consequence of the post-mortem findings that death was due to natural causes. The causes of death in these cases were certified as :—

Coronary thrombosis .. .. .	10
„ occlusion-atheroma .. .. .	6
Myocardial degeneration .. .. .	5
Mitral stenosis .. .. .	1
Ruptured aortic aneurysm—specific .. .. .	2
„ cerebral aneurysm .. .. .	2
Pneumonia .. .. .	4
Strangulated hernia .. .. .	1
Carcinoma .. .. .	3
Pulmonary tuberculosis ... .. .	3
Pontine haemorrhage ... .. .	1





## CORONER'S POST-MORTEMS.

During the year 1962 Leyton residents were subjected to post-mortem examination by a Pathologist on the instructions of the Coroner. The findings at the post-mortem were :—

Cancer of Pancreas	...	...	...	...	...	2
„ „ Breast	...	...	...	...	...	1
„ „ Lung or Bronchus	...	...	...	...	...	2
„ „ Prostate	...	...	...	...	...	1
„ „ Colon	...	...	...	...	...	4
„ „ Oesophagus	...	...	...	...	...	1
„ „ Ovaries	...	...	...	...	...	1
„ „ Liver	...	...	...	...	...	1
„ „ Glands	...	...	...	...	...	1
Pulmonary tuberculosis	...	...	...	...	...	5
„ embolism	...	...	...	...	...	10
Cerebral tumour	...	...	...	...	...	1
Ruptured developmental cerebral aneurysm	...	...	...	...	...	7
Coronary thrombosis	...	...	...	...	...	30
„ atheroma	...	...	...	...	...	9
Cardiac failure due to hypertension	...	...	...	...	...	6
Myocardial degeneration	...	...	...	...	...	21
Uraemia	...	...	...	...	...	1
Influenzal pneumonia	...	...	...	...	...	2
Ac. suppurative bronchitis	...	...	...	...	...	11
Broncho pneumonia	...	...	...	...	...	2
Chronic bronchitis	...	...	...	...	...	3
Strangulated hernia	...	...	...	...	...	3
Enlargement of prostate	...	...	...	...	...	1
Collapse of lungs	...	...	...	...	...	1
Biliary obstruction	...	...	...	...	...	2
Pyelonephritis	...	...	...	...	...	1
Myocardial infarction	...	...	...	...	...	1
Diabetes mellitis	...	...	...	...	...	1
Mitral regurgitation	...	...	...	...	...	1
Ruptured aorta	...	...	...	...	...	2
Aorta stenosis	...	...	...	...	...	1
Mitral stenosis	...	...	...	...	...	1
Encephalitis	...	...	...	...	...	1
Aortic incompetence	...	...	...	...	...	1
Circulatory failure	...	...	...	...	...	3
Pulmonary emphysema	...	...	...	...	...	3



Internal haemorrhage ... ..	1
Intestinal obstruction ... ..	1
Cerebral oedema ... ..	1
Cerebral haemorrhage ... ..	3
Lobar pneumonia ... ..	4
Post operative ileus ... ..	1
Chronic glomerulo-nephritis ... ..	1
Congenital cerebral agenesis ... ..	1
Addison's anaemia ... ..	1
Status epilepticus due to hydrocephalus ... ..	2
Hypostatic pneumonia due to hydrocephalus ... ..	1

### LICENSED ESTABLISHMENTS FOR THE ADMINISTRATION OF MASSAGE OR SPECIAL TREATMENT.

During 1953 the Council granted licences in respect of the following establishments for massage or special treatment.

Name	Address of Premises
Mr. G. E. Fenn	42 Fairlop Road, E.11
Mr. S. A. Kelly	46 Harrington Road, E.11
Mr. G. V. Ledger	10 Church Lane, E.11
Mr. R. Sadowski	762 Lea Bridge Road, E.10

### National Blood Transfusion Service.

Blood transfusion was an established form of medical treatment before the war. During the war the need for blood was so great, and the response was so excellent, that there were more than a million blood donors in the country. Just after the war the number of donors fell to about a quarter of a million, but there is now in the country a panel of over half a million regular donors between 18 and 65 years of age.

Human blood is required for a great and increasing number of medical emergencies. It may be required to replace blood lost from wounds and accidents, to save the life of a newly born "blue baby", or during one or other of the lengthy new surgical operations, *e.g.*, on the chest.

Hospitals are now using and needing much more human blood than before, and the National Blood Transfusion Service is building up reserves of blood plasma which can be stored indefinitely in a dry state for future use. Some idea of the increase in the demand may be obtained from consideration of the fact that in some hospitals, where about 80 blood transfusions in a year were given before the war, these may now be given as many in a week.

In October, 1952, the then Mayor of Leyton (Alderman Mrs. King, J.P.) issued a local appeal for 1,000 new volunteer blood donors, especially young people, to ensure the continuity of the blood transfusion service.

Donors can be of either sex, but must be between 18 and 65 years of age. After a preliminary medical examination designed to exclude the possibility of disease in the donor, about two-thirds of a pint of blood is withdrawn from a vein in the arm. After a rest of about 20 minutes the donor is again quite fit to carry on as before; and within about two days the body has made up the amount of fluid lost.

In November, 1952, the Health Authority placed at the disposal of the Blood Transfusion Service the use of local Clinics for blood donor sessions, and the following table gives the relevant information regarding sessions held since that time.

Date	Where Sessions Held	Number of Donors	
		Bled	Not Bled
1952			
8th Nov.	Essex County Health Services Clinic,	89	14
14th Nov.	Dawlish Road, E.10	81	16
21st Nov.	Do. do.	76	13
28th Nov.	Do. do.	77	8
6th Dec.	Do. do.	42	...
1953			
2nd Jan.	Do. do.	43	6
15th Feb.	Do. do.	37	...
27th Feb.	Do. do.	85	13
24th April	Do. do.	63	...
25th June	Do. do.	72	3
24th July	Do. do.	41	4
28th Aug.	Do. do.	41	4
23rd Oct.	Do. do.	58	4
11th Dec.	Do. do.	102	10
18th Dec.	Do. do.	79	4



Special sessions were held of Leyton Borough Council employees who volunteered to be bled.

Date	Where Sessions Held	Number of Donors	
		Bled	Not Bled
1952 9th Dec.	Town Hall, Leyton	40	12
1953 25th Sept.	Town Hall, Leyton	35	...

Donors can be of either sex but must be between 18 and 65 years of age. After a preliminary medical examination designed to exclude the possibility of disease in the donor, about two-thirds of a pint of blood is withdrawn from a vein in the arm. After a rest of about 20 minutes the donor is again invited to donate one or more pints; and within about two days the body has made up the amount of fluid lost.

In November 1952 the Health Authority placed at the disposal of the Blood Transfusion Service the use of local Clinics for blood donor sessions, and the following table gives the relevant information regarding sessions held since that time.

Date	Where Sessions Held	Number of Donors
1952		
1953		
1954		
1955		
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1957		
1958		
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2000		

# Sanitary Circumstances of the Area

## Future Housing Development.

The following is an extract from a joint report on the above subject submitted to the Council by the Medical Officer of Health and Senior Sanitary Inspector.

### PRELIMINARY SURVEY.

#### Nature and Object.

A preliminary survey of housing conditions in ten areas in the Borough—carried out under the Housing Act, 1936—has now been completed.

The object of the survey was to obtain, in respect of each area, information regarding—

- (a) the total number of buildings—dwelling houses, shops, commercial and industrial premises ;
- (b) the approximate proportion of dwelling houses considered to be sub-standard having regard to the requirements of the Housing Acts ;
- (c) the number of families and persons residing in sub-standard dwelling houses ; and
- (d) the approximate total population—families and persons—in the whole area.

#### Classification Adopted.

For the purpose of this preliminary survey dwelling houses have been broadly classified in two categories :—

*Category A.*—Houses which appear to be in such a condition as would justify their being dealt with under the slum clearance or re-development procedures of the Housing Act, 1936.

*Category B.*—Houses which appear to be reasonably fit for habitation and outside the scope of Housing Act procedure at the present time.



The absence of a precise definition of what the Act describes as a "fit" or "unfit" house renders classification by cursory examination difficult. In determining for the purpose of the Housing Act whether a house is unfit for habitation, regard should be had to the extent to which by reason of disrepair or sanitary defects the house falls short of accepted standards of design and construction as controlled by relevant byelaws and regulations. "Sanitary defects" include lack of air space or of ventilation, darkness, dampness, absence of adequate and readily accessible water supply or sanitary accommodation or other conveniences, and inadequate paving or drainage of courts, yards or passages.

Owing to staff and time limitations it has not been possible to give due consideration to all the factors laid down in the Housing Act for the purpose of determining accurately the category in which houses should be placed. It has been practicable to carry out only a superficial examination of each area, and in consequence the information obtained must necessarily be of an approximate and provisional nature. To confirm the position would require a detailed survey of each house, involving a considerable amount of technical work and additional staff. It may be necessary in many cases, in order to assess the controversial "reasonable expense" factor (referred to later in this Report), to prepare specifications and obtain estimates of the cost of the works considered necessary to restore properties to a proper standard of fitness.

#### **Areas Surveyed.**

The boundaries of each area were determined by Town Planning and other considerations, and on Public Health grounds. It was therefore inevitable that each area should contain a proportion of good and of bad houses. For similar reasons it was not possible to include within the boundaries of these areas all the Category A houses in the Borough.

It is estimated that, in addition to the number of Category A houses shown in Column 3 of the attached Appendix (page 69), there are some 500 additional houses, situated outside the boundaries of the areas under review, which could be placed in that category, and there are many more whose type and condition justify their being regarded as borderline cases as regards fitness for habitation.

#### **Findings.**

The results of the preliminary survey are tabulated separately in the form of an Appendix. It will be noted that each of the 10 areas



has been allocated only a number meantime, and that no reference is made at this stage either to the location of individual areas or the names of the roads in these areas.

The 10 areas surveyed contain 1,665 dwellings, of which 539 (32.4%) are in Category A.

Of the total population of 6,306 persons in the areas surveyed, 2,127 (33.7%)—and of the total number of 2,082 families, 674 (32.4%)—live in Category A houses.

### FUTURE RE-HOUSING.

Whatever plans may be made for the future development of these areas, many years must necessarily elapse before their fulfilment. This means that much of the sub-standard housing, within and without the boundaries of the areas under review, will have to be retained and maintained for housing purposes for many years to come, and it will be realised that, with the passage of time, the problem of maintaining existing housing will become more acute, with a consequent increase in the number of houses in Category A.

#### The Problem.

As we see it, Leyton's housing problem is two-fold :—

1. The long-term or future need—involving re-planning and development of outworn areas having regard to :—
  - (a) town planning requirements—provision of well-balanced amenities and services essential for a modern society (such as open spaces, playing fields, schools, recreational facilities and domiciliary requirements) ;
  - (b) re-location of industry ;
  - (c) re-housing of displaced families in houses of modern type ;
  - (d) clearance of areas of insanitary properties (slum clearance) ;  
and
  - (e) finance.
2. The short-term or immediate need, involving :—
  - (i) re-housing of urgently necessitous cases ;
  - (ii) maintenance and improvement of existing housing accommodation ;
  - (iii) demolition or closure of individual houses which require urgent action by reason of their being totally unfit for habitation and dangerous to the health of the occupants.



### **The Way to Solution.**

We are of the opinion that the two aspects of the problem are inseparable. The extent (if any) to which a long-term programme can be formulated and put into effect will depend to a considerable extent on the adequacy of the measures we are able to take to provide for the immediate need. The long term plan—with the exception of slum clearance which is a matter for the Public Health Committee—may be said to fall within the province of the Housing and Town Planning Committee and will no doubt be dealt with by the officers of the department concerned. The short-term aspect is undoubtedly the concern and responsibility of the Public Health Committee. Close liaison between these two committees, and mutual appreciation of the difficulties relating to each aspect of the problem, is essential if agreement on a satisfactory and practicable policy is to be reached.

### **Delegated Powers and Duties.**

In January, 1937 and in November, 1943 the Council delegated to the Public Health Committee the powers and duties of the Council under :—

1. Sections 9, 10, 11 and 12 of the Housing Act, 1936 relating to the repair, demolition and closing of insanitary houses ; and
2. Part III of the Public Health Act, 1936 relating to premises in such a state as to be prejudicial to health or a nuisance.

In the light of these delegated powers and duties we consider it desirable at this stage to submit the following observations on the short-term or immediate need—the concern of the Public Health Committee.

### **PROCEDURE UNDER THE HOUSING ACT.**

Before serving a repair notice under Section 9 of the Housing Act, 1936 a local authority must be satisfied :—

- (a) that the house is in certain respects unfit for human habitation ;
- (b) that it is capable at reasonable expense of being rendered so fit ; and
- (c) that the required standard of fitness would be achieved by the work specified in the notice.



In determining whether a house can be rendered fit for human habitation at reasonable expense, subsection 3 of section 9 states that regard should be had to :—

- (i) the estimated cost of the works necessary to render it so fit, and
- (ii) the value it is estimated that the house will have when the works are completed.

#### **The Reasonable Expense Factor.**

The interpretation of the term “reasonable expense” has exercised the minds of local authorities ever since it was introduced into the Housing Act. Various methods of determining this factor have been put forward, but they all amount to this—that “reasonable expense” is basically a matter of income and expenditure.

By Section 10 of the Act a local authority is empowered to enter and execute works in default of the owner. Any expense so incurred may be recovered by the local authority and made a charge on the premises.

#### **Present-Day Anomalies.**

These powers were of great value to local authorities prior to 1939, but unfortunately the position today is very different. Owing to prevailing economic conditions—high building costs in relation to low rentals—this powerful weapon for securing the *repair and re-conditioning* of defective houses is no longer available to the local authority. Action under Sections 9 and 10 is impossible owing to the qualifying words of the Section relative to “reasonable expense”; and this is likely to have a serious effect on the rate of deterioration of existing houses in the Borough, since the only sure method of arresting decay of house property is by systematic house-to-house inspection under the Housing Act.

Unfortunately deterioration due to maintenance difficulties is not confined to sub-standard houses. Genuine instances are coming to light where owners of houses of a good habitable standard are unable to meet the cost of running repairs from income derived from the rent. We are referring to the type of property which, although lacking in amenities that may be considered desirable according to modern ideas, compares favourably with the general standard of dwelling houses in the district and comprises the



backbone of Leyton's existing housing accommodation. Its neglect, owing to the reasons stated, must be viewed with concern when it is realised that small items of disrepair, insignificant in themselves, may be the forerunners of serious dilapidation. The maxim "a stitch in time saves nine" is very apt when applied to housing maintenance, where deterioration can be rapid and progressive. The situation is aggravated by the increased wear and tear due to the occupation by more than one family of so many houses originally designed and built to house only one family.

Houses which fall outside the scope of Section 9 qualify automatically for *demolition or closure* under Sections 11 and 12 of the Housing Act, 1936. Because of the artificial economic values indicated above, this action could be applied to a substantial proportion of occupied controlled houses. It is only too well known that, owing to the absence of alternative accommodation, it is not practicable to operate these sections as was intended, even in respect of houses totally unfit for habitation and dangerous to health by reason of their bad structural condition—and not merely technically unfit on economic grounds. Consequently your Sanitary Inspectors, in full realisation of the re-housing complications, have been avoiding any action under the Housing Act likely to lead to demolition or closing proceedings. At the same time they are continually being reminded of their statutory responsibilities in the form of complaints received from members of the public. In order to secure the abatement of nuisances arising from housing defects we are obliged to operate the procedure under the Public Health Act, 1936 in an attempt to maintain house property, irrespective of type, in a habitable condition.

## PROCEDURE UNDER THE PUBLIC HEALTH ACT, 1936

### Limited Scope.

The extent to which procedure under the Public Health Act, 1936 can be applied to the repair of dwelling houses is limited to the enforcement of essential works necessary to abate statutory nuisances.

### Use and Abuse.

Owing to the anomalies referred to above, the Public Health Act is being used to a far greater extent today than ever before. In short, we are trying to overcome our difficulties by making this



procedure do the work of the Housing Act. Great restraint must therefore be exercised to curb the tendency to inflate the amount of work which can be properly specified and enforced on a statutory notice in order to meet the urgent demands made upon us. This applies particularly to the repair of decayed and outworn properties which, but for the Council's inability to provide necessary re-housing, would be dealt with by the Housing Act procedure and demolished. This situation is exemplified in the increase in the number of prosecutions instituted against owners for non-compliance with the requirements of statutory notices and nuisance orders. Having once obtained a nuisance order from the Court, the local authority is of course entitled to carry out the works necessary to abate the nuisance in the owner's default and recover the costs incurred ; but this is a poor substitute for the comparable but more comprehensive powers under Sections 9 and 10 of the Housing Act, 1936. It is doubtful whether the legislature intended that Public Health Act procedure should be used to the extent it is being applied today for the purpose of renovating house property.

### PROPERTIES ABANDONED BY OWNERS.

The economic pressure of ownership is shown by the number of properties now being abandoned by owners ; and such abandonment is undoubtedly increasing.

#### Reason for Abandonment.

Houses may be abandoned in a variety of ways, but the reason for abandonment is more or less always the same. The owner has reached a point where he can no longer fulfil his statutory obligations to the local authority or to his tenants, and the method he chooses to adopt to get rid of his responsibilities depends on the integrity of the individual owner. For instance, he may simply discontinue to collect rents from his tenants and fail to pay rates to the local authority, in which case the Council and the Inland Revenue Commissioners eventually step in and collect rents to defray arrears of rates and income tax ; or the owner may convey the property to some illiterate and impecunious person who gladly accepts it, little knowing what is to follow. On the other hand the owner may inform the local authority that he cannot afford to maintain his property in a habitable condition, and request the Council either to purchase the dwelling house or to take appropriate action under Housing Act procedure.



### Alternative Methods of Disposal.

Such properties present particular difficulties to the Council since, owing to the economic factors indicated earlier, the only proper action which could be taken under the Housing Act, 1936 would be either *demolition or closure* with the consequent problem of re-housing the occupants.

An alternative procedure would be for the Council to exercise its purchasing powers under the Housing Acts, 1936/49 by *buying the property and carrying out works of renovation and maintenance.*

We realise that the Council may be reluctant to take this step to acquire financially unprofitable investments, but in our view the health and future well-being of the occupants are the paramount factors.

It is also realised that the difficulties associated with the maintenance of existing houses are not confined to the private owner, as many local authorities have found to their cost in dealing with the old houses requisitioned by them during the war period ; but, with the extreme shortage of houses and the consequent need for conserving our already meagre supply, all aspects of each case should be considered carefully before such an offer is rejected.

### Factors to be considered.

- (a) First and foremost, the re-housing problem that would arise in the event of the house being demolished.
- (b) Is the type and structural condition of the house such as would justify a recommendation under Part II of the Housing Act, 1949 for financial assistance by Exchequer grant towards the cost of works for conversion and/or improvement carried out by the local authority or the owner ?
- (c) Are the circumstances such as would justify a loan by the local authority to the owner under Section 4 of the Housing Act, 1949 ? If so, would such a loan be acceptable by the owner to enable him to fulfil his statutory obligations in carrying out essential repairs ?
- (d) If items of disrepair were made good without any additional improvements, would the house so repaired compare favourably with the general standard of housing accommodation in the district, having regard to the type and condition of other properties ?



(e) To what extent would the cost of repairs necessary to restore the house to a reasonable state of fitness, and to render unnecessary any further major repairs for a period of from 10 to 15 years, compare with the cost of demolition and consequential works of weatherproofing and shoring of party walls, levelling site and other measures. It may be found that it would cost almost as much to pull the house down as to repair it.

In arriving at a decision as to whether a structurally sound building should be retained for housing purposes, the prime consideration is the urgency of the housing need in the area. How does the cost of acquisition and renovation compare with the cost of providing equivalent accommodation in terms of new building—which may be from £1,500 to £2,000 per family unit at the present time? When judged from this point of view, expenditure which may be held to be clearly unreasonable in relation to the investment value of the property within the terms of Section 9 assumes quite a different aspect. In certain circumstances it may be considered a reasonable proposition to reinstate an existing building which has all the essential services intact and which is capable, without undue expenditure, of providing a reasonable home for one or more families until sufficient new houses are available.

### GENERAL OBSERVATIONS.

#### Effect of War Damage Repairs.

The present housing conditions in the Borough would undoubtedly be much worse but for the incidence of War Damage and subsequent repair of the properties. The difficult task of the War Damage Commission in trying to separate inherent decay and dilapidation from defects due to War Damage (direct and consequential) has undoubtedly lengthened the life of a large number of houses renovated by the execution of War Damage repairs. When the War Damage subsidy ends, as it must very soon, economic difficulties associated with the enforcement of essential repairs to dwelling houses will become more pronounced than at present, and it is disquieting to reflect on the consequences.

#### Responsibility of Public Health Committee.

It is in the face of the anomolous situation described in this Report that the Public Health Committee is endeavouring to discharge the statutory functions, under the Housing and Public



Health Acts, delegated to it by the Council. The bridging of the interval between the demolition of old insanitary houses and the provision of new dwellings is undoubtedly an essential part of any long-term redevelopment programme, and an extremely complicated and difficult task which the Public Health Committee has to face ; but in so doing can we afford to overlook the immediate problem ? Already there are a number of houses in the Borough which have reached a stage where—in spite of all statutory action under the Public Health Act, 1936—it has not been possible to bring about any improvement in the insanitary conditions in which the occupants are living. The position of these houses is one of stalemate—for it appears that we can neither repair nor demolish. It would be cold comfort for the occupants to be told that because of long-term planning commitments the Council is unable to fulfil its statutory duty of improving insanitary conditions ; and this means in effect that the tenants are deprived of their lawful right to complain. The question to be considered is—how long can we reasonably hope to evade taking decisive action in respect of such properties whose numbers, having regard to the economic factor emphasised earlier in this report and in the absence of new legislation, is likely to increase rather than to diminish ?

#### **Claims on New Housing Units.**

It is highly probable that in the not-too-distant future the Public Health Committee may be compelled by weight of public opinion, in the interests of tenants and in fulfilment of its statutory obligations, to recommend to the Council the making of demolition or closing orders in appropriate cases under Sections 11 and 12 of the Housing Act, 1936. The competing claims on available new housing units, between the immediate need from the point of view of public health and the long-term need in relation to future planning and development, must therefore figure prominently in any future consideration of the general question of housing development in the Borough. As indicated earlier in this Report, we find it difficult to conceive how a long-term redevelopment programme can be formulated and operated with any degree of success unless provision is first made for an allocation of re-housing units for occupants of individual houses which, by reason of their bad structural condition, have already reached or are rapidly reaching a state of total unfitness for habitation and may therefore require urgent demolition many years before the completion of the scheme of re-development, and perhaps even before the scheme is due to be put into operation.

## BOROUGH OF LEYTON.

## RESULTS OF PRELIMINARY SURVEY OF HOUSES IN TEN AREAS OF THE BOROUGH.

(1) Area No.	(2) Total No. of Houses	(3) Houses in Category A		(4) Population		(5) Population in Category A Houses			
		Number	Percentage	Families	Persons	Families		Persons	
						Number	Percentage	Number	Percentage
1	128	86	67.2	149	459	100	67.1	314	68.4
3	205	56	27.3	242	696	62	25.6	197	28.3
5	155	49	31.6	170	563	47	27.6	175	31.1
7	322	146	45.3	370	1,123	171	46.2	514	45.8
8 and 9	228	63	27.6	334	987	106	31.7	346	35.0
10	268	56	20.9	378	1,140	84	22.8	260	22.8
10A	127	2	1.5	155	508	2	1.3	6	1.1
11	127	36	28.3	173	503	56	32.4	182	36.2
12	64	17	26.6	70	204	18	25.7	49	24.0
15	41	28	68.3	41	123	28	68.3	84	68.3
TOTALS	1,665	539	32.4%	2,082	6,306	674	32.4%	2,127	33.7%



### Housing Statistics.

#### (i) *Census, 1951.*

The under-mentioned statistics for Leyton have been extracted from the 1 per cent. sample tables issued in advance of the national tabulation of the 1951 Census results.

Number of separately assessed dwellings ...	27,650
Number of Households ... ..	34,800
In shared dwellings ... ..	14,700 = 42%
Of over 1½ and up to 2 persons per room	1,700
Of over 1 and up to 1½ persons per room	4,500
Up to 1 person per room ... ..	28,600
Households without the exclusive use of—	
Water closet ... ..	9,400 = 27%
Fixed bath ... ..	23,600 = 67.8%
Stove and sink ... ..	3,600 = 10.3%
Number of rooms occupied by households	136,800
Population in households ... ..	102,200
Persons per household ... ..	... .. 2.94
Persons per room ... ..	... .. 0.75

#### (ii) *Complaints received.*

During 1953 some 1,671 housing complaints were received and dealt with by the Sanitary Inspectors. In almost every instance the complaint concerned some item or items of disrepair which had given rise to undesirable conditions such as dampness, leaking roofs, broken wall plaster, decayed floor timbers and the like.

Details of the improvements effected by completion of work specified on sanitary notices are given on page 73, but the benefit to the occupants in terms of comfort and health cannot be measured or fully appreciated by reference to figures.

#### (iii) *Local Land Charge Enquiries.*

During 1953 land charge enquiries were received in respect of 1,364 properties. These involved a search of office records to ascertain whether any sanitary notices (statutory or informal) had been served in respect of the premises concerned and to what extent (if any) the notices had been complied with.

## Inspection of Dwelling Houses and Statutory Action.

### (i) *Housing Acts and Housing Consolidated Regulations, 1925/32.*

No statutory proceedings were instituted, or official representations made, during the year under the repairs sections (9 and 10) of the Housing Act, 1936, the demolition and closure sections (11, 12, 13, and 16), or the Housing Consolidated Regulations, 1925/32.

Attention is drawn, however, to the joint report by the Medical Officer of Health and the Senior Sanitary Inspector on page 59, which gives details of a preliminary survey of housing conditions in 10 areas in the Borough. This survey involved some 4,446 visits by Sanitary Inspectors, and its findings are tabulated separately in the form of an Appendix to that Report—page 69.

### (ii) *Public Health Acts*

#### (a) *Houses and Inspections*

Details are given hereunder of the number of houses inspected under the provisions of the Public Health Acts in consequence of complaints received and routine inspection of district.

Number of houses inspected	...	...	...	...	2,144
Number of inspections made for the purpose	...	...	...	...	12,146
Number of houses found not reasonably fit for human habitation	...	...	...	...	1,023

#### (b) *Notices Served.*

##### (i) *Informal.*

During the year 1,023 written intimations (informal notices) were served requiring execution of works to remedy defects in dwelling houses.

##### (ii) *Statutory or Formal.*

During the year 454 statutory (formal) notices were served requiring execution of work to remedy defects in dwelling houses.

#### (c) *Remedy of Defects.*

##### (i) *Informal.*

Number of houses in which defects were remedied in consequence of informal action	...	...	...	531
---	-----	-----	-----	-----

##### (ii) *Statutory or Formal.*

Number of houses in which defects were remedied in consequence of statutory or formal notices :

By owners	...	...	...	...	316
By the Local Authority in default of owners	...	...	...	...	79



### Legal Proceedings.

Resulting from the 454 statutory notices served on owners under the nuisance abatement procedure of the Public Health Act, 1936, in 11 instances it was necessary to institute legal proceedings to secure compliance therewith. The results of such action are given hereunder.

Date of hearing	Address	Nature of nuisance or offence	Result of Court proceedings
18.2.53	72 Colville Road, E.11	General defects, dry rot, dampness	Abatement Order, 21 days
6.5.53	87 Matcham Road, E.11	Defective wall, plaster and roofs	Abatement Order, 3 months
6.5.53	14/16 Esther Road, E.11	Defective roofs and gutters, dampness	Abatement Order, 28 days
6.5.53	95/99, 103/105 Cathall Road, E.11	General defects, dampness woodworm	Abatement Order, 2 months
6.5.53	Shed, 2 Percy Road, E.11	Defective roof, dampness, accumulation of refuse	Abatement Orders, 28 days for repair work, 7 days for removal of refuse
26.8.53	Shed, 2 Percy Road, E.11	Non-compliance with Court Abatement Order	£5 fine
28.10.53	544 Lea Bridge Road, E.10	General defects, dampness	Abatement Order, 28 days
28.10.53	8 Southwell Grove Rd., E.11	Defective walls of scullery and W.C.	Abatement Order, 28 days
28.10.53	2 Cecil Road, E.11	Defective brickwork of party wall, Defective wall plaster	Abatement Order, 28 days
28.10.53	165/167 Ramsay Road,	General defects, dampness, dry rot	Abatement Order, 28 days
30.12.53	14 Grange Road, E.10	General defects, dampness, woodworm	Abatement Order, 28 days

### NUMBER OF NEW HOUSES ERECTED DURING THE YEAR.

Type of Building	Total			With State assistance (included in the Total)		
	By the local authority	By other local authorities	By other bodies and persons	By the local authority	By other local authorities	By other bodies and persons
Houses	8	...	1	8	...	...
Flats	122	...	...	122	...	...
Temporary Housing	...	...	...	...	...	...
Total housing units	130	...	1	130	...	...

**Dwelling houses improved.**

The following table contains a summary of the nature of work executed and improvements effected in dwelling houses and other premises as a result of the aforementioned action (formal and informal) taken under the Statutory Powers.

Cement work to sink waste gullies repaired ... ..	55
Choked drains cleared ... ..	37
Coppers repaired or renewed ... ..	4
Dampness remedied ... ..	423
Drains relaid or partly relaid ... ..	63
Floors repaired ... ..	165
Guttering repaired or renewed ... ..	261
Miscellaneous defects remedied ... ..	351
New w.c. pans and traps provided ... ..	53
Plaster repaired ... ..	567
Rain water pipes repaired or renewed ... ..	102
Roofs repaired or renewed ... ..	636
Rooms redecorated ... ..	240
Sashcords renewed ... ..	230
Sinks provided ... ..	16
Sink waste pipes repaired or renewed ... ..	70
Stoves repaired or renewed ... ..	144
Vent pipes repaired or renewed ... ..	28
W.C. cisterns repaired or renewed ... ..	118
Window sills, etc., repaired ... ..	270
Yards paved ... ..	18
	3,851

**Drainage.**

During the year drainage systems of some 116 houses were repaired or reconstructed, wholly or in part. In 79 cases the public sewer was involved, and the work was carried out by the Council under the supervision of the Borough Engineer and Surveyor, the expenses incurred thereby being recovered from the owners.

**Rodent Control.***(i) Work carried out during 1953.*

During 1953 some 443 complaints relating to infestation by rats and mice were investigated by the Health Department Staff—651 private houses and 134 business premises were dealt with. The total number of visits, in connection with these investigations and subsequent disinfestation work, amounted to 4,251.



The Council's sewers were baited in June, 1953. The treatment was of four to five weeks' duration, involving some 1,158 manholes each of which was baited on three successive days, and the percentage of "takes" amounted to 51.46 per cent. The staff required for a sewer treatment comprises four employees of the Borough Engineer's Department (two sewer men and two labourers) and two rodent operatives. Two gangs, with a rodent operative in charge of each, operate in different parts of the district.

During these periods the remaining rodent operative endeavours to deal with complaints and other essential duties in the Public Health Department. The December treatment had to be postponed owing to shortage of rodent staff.

The technical officers of the Rodent Division, Ministry of Agriculture and Fisheries, are confident that poisoning campaigns carried out by adjoining local authorities in the London area over the past nine years have undoubtedly resulted in a considerable reduction of rats in the sewers and a proportionate decrease in surface infestation; but measures taken to destroy rats, however successful, have only a limited and temporary effect. Most people know that rats are prolific, but few are aware of the rapidity with which their numbers increase. Research has shown that a pair of rats and their descendants may produce, in the course of 12 months, well over 1,000 offspring.

Poison baiting of sewers was not expected to eliminate sewer rats completely for the impossibility of bringing all rats to feed at available baiting points is evident. The primary need is therefore to take all possible steps to prevent the migration of rats from defective sewers and drains to adjoining buildings.

All infestations are carefully investigated by the Sanitary Inspectors, who then arrange for drainage systems suspected of being a source of trouble to be smoke-tested. If defects in the house drains and/or public sewers are confirmed, a report is submitted to the Public Health Committee requesting authority to enable appropriate statutory action to be taken in accordance with the provisions of the Public Health Act, 1936.

(ii) *Statistics.*

(a) *Prevention of Damage by Pests Act, 1949.*

Complaints received and investigated	...	443
Premises not treated (not genuine infestation)		2

## Premises treated :

	Rats	Mice	Total
Dwelling houses	373	278	651
Business premises	66	68	134
<b>TOTAL</b>	<b>439</b>	<b>346</b>	<b>785</b>

## Notices :

Informal notices served	...	...	...	...	6
Informal notices complied with	...	...	...	...	6
Statutory notices served	...	...	...	...	...

*(b) Disinfection/Disinfestation.*

Number of verminous houses treated	...	...	139
Number of houses disinfected	...	...	118



## INSPECTION OF BUSINESS AND INDUSTRIAL ESTABLISHMENTS.

Approximate numbers of business premises in the Borough and functions involved.

(i) *Food and business premises which are licensed or registered for a specific purpose.*

TYPE OF PREMISES		ADDITIONAL LICENCES, REGISTRATIONS AND OTHER FUNCTIONS INVOLVED															TOTAL	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16
		Ice Cream	Milk	Preserved Food	Shell Fish	Power Factory	Non-Power Factory	Catering	Off Licence	Bakehouse	Confectionery	Fish Frier	Grocer	Barber	With Storage	Poultry Slaughterhouse		Hairdressing
A	Baker ... ..					28	1	28	2								42	
B	Butcher ... ..			63	3							4			1		76	
C	Catering ... ..	54	1														97	
D	Confectionery ... ..	65															70	
E	Fish ... ..				13		10				29						47	
F	Greengrocer ... ..	1										3					97	
G	Grocer ... ..	58	85	1	2												228	
H	Multiple Store ... ..	3					2					3				1	4	
I	Milk ... ..	1										2					12	
J	Ice Cream ... ..																106	
K	Rag Flock ... ..					7	2										11	
L	Pet Animals ... ..											1					13	
M	Horse Flesh ... ..																2	
N	Hairdresser ... ..												43				79	
O	Hawker ... ..													51			79	
P	Public House ... ..						10	32									35	
Q	Off Licence ... ..	4	2									2					23	
R	Factory ... ..					64	36										423	
S	School ... ..	1					17										18	
T	Council Property ... ..	2						2									4	
U	Hospital ... ..							2									2	
TOTAL PREMISES																	1,468	

* TOTALS, ADDITIONAL FUNCTIONS	189	88	64	13	40	66	80	32	28	2	29	15	43	51	1	1	742
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\* See summary in paragraph (iv) page 77.

*(ii) Factories.*

These figures are inclusive of those shown in Columns R, 5 and 6, and constitute the total number of Power and Non-Power Factories maintained on the Factory Registers under statutory legislation.

Description	Total
Factories with Mechanical Power ...	396
Factories without Mechanical Power ...	65
TOTAL ... ..	461

*(iii) Miscellaneous Shops and other Business Establishments.*

The approximate number of miscellaneous shops and other business establishments is 754. (This includes boot and shoe retail shops, builders' merchants, drapers, florists, furniture dealers, gent's and ladies' outfitters, hardware shops, newsagents, radio and television dealers, etc.).

*(iv) Summary.*

Food and other business premises which are licensed or registered ... ..	1,468
Additional functions involved ... ..	742
Factories—Power and Non-Power ... ..	461
Miscellaneous shops and other businesses ... ..	754
Total number of premises and functions ... ..	3,425

**Inspection and Supervision of Food Premises.***(i) Summary of Inspections by Sanitary Inspectors.*

The following inspections were carried out in relation to the under-mentioned food premises, having regard to the requirements of the Public Health Act 1936, Food and Drugs Act 1938 and associated Orders and Regulations, Clean Food By-laws 1950, Ice-Cream (Heat Treatment Reg.) 1947/52, Shops Act 1950, Factories Act 1937, Leyton Corporation Act 1950, Essex County Council Act 1952, and relevant legislation.



INSPECTION OF BUSINESS AND						No. of
Type of Premises						Inspections
Bakehouses	...	...	...	...	...	91
Bakers	...	...	...	...	...	125
Butchers	...	...	...	...	...	454
Catering Establishments	...	...	...	...	...	412
Confectioners	...	...	...	...	...	158
Dairies and Distributors of Milk	...	...	...	...	...	179
Factory Canteens	...	...	...	...	...	33
Fish Fryers	...	...	...	...	...	87
Fishmongers	...	...	...	...	...	131
Greengrocers	...	...	...	...	...	212
Horse-flesh Dealers	...	...	...	...	...	5
Ice-Cream Places	...	...	...	...	...	448
Itinerant	}	Stalls and Vehicles				112
Food Dealers		Food Storage Accommodation				100
Off Licences	...	...	...	...	...	34
Provision Shops	...	...	...	...	...	767
Public Houses	...	...	...	...	...	58
School Canteens	...	...	...	...	...	20
Shell-fish Vendors	...	...	...	...	...	26
Slaughterhouses (Poultry)	...	...	...	...	...	139
TOTAL INSPECTIONS						3,591

### Food and Drugs Sampling.

#### (i) Food and Drugs Authority and Sampling Officers.

The Council is the food and drugs authority for the district and your Sanitary Inspectors are authorised under the Food and Drugs Act, 1938 to procure and purchase samples of food and drugs for chemical analysis or for bacteriological or other examination.

#### (ii) Public Analyst.

Dr. J. H. Hamence, F.R.I.C., and Mr. George Taylor, F.R.I.C., 20, Eastcheap, London, E.C.3, continued to act as Public Analysts for the area.

#### (iii) Samples submitted for chemical analysis.

During the period 1st January to 31st December, 1953, some 278 samples of food and drugs were procured by the Sanitary Inspectors for submission to the Public Analyst for chemical analysis. It will be seen from the tabular statement which follows that a wide variety of commodities were sampled, and that in seven instances adverse reports were received. The circumstances relating to these seven samples were fully reported to the Public Health Committee and are summarised hereunder.

## BREAD.

The first of the two samples of bread adversely reported upon appeared to be discoloured by black foreign matter. The Public Analyst's report confirmed that the discolouration was due to charring of the bread and no statutory action was justified. Regarding the second sample of bread, the Public Analyst reported that such discolouration was due to contamination by rat excreta, and the Public Health Committee decided to institute legal proceedings against the baker. The case was taken to Court, and the defendant was fined £5 and ordered to pay £2 2s. costs.

## CREAM BUNS.

An anonymous complaint was received in relation to cream buns alleged to be contaminated and unfit for food. The Public Analyst confirmed the presence of a foreign body which rendered the food unfit for human consumption, but the Public Health Committee decided that no statutory action was justified owing to the anonymity of the complaint and consequent lack of evidence to support legal proceedings.

## TINNED SNACKS.

In the opinion of the Public Analyst the wording of the labels on the tins constituted a technical infringement of the Labelling of Food Orders. The manufacturers were communicated with and agreed to amend the labels accordingly.

## CHRISTMAS PUDDING.

The seventh unsatisfactory sample consisted of a Christmas Pudding contaminated with mould. The mould was not considered by the Public Analyst to be injurious to health, but indicated that the pudding was out of condition. A warning letter was sent to the manufacturers in this case.

*(iv) Details of Samples taken for Chemical Analysis.*

Commodity	No. of Samples analysed	No. of Samples unsatisfactory
Apple Tart ...	1	...
Apricot Conserve ...	1	...
Aspirin Tablets ...	1	...
Baby Cereal ...	1	...
Baked Beans ...	1	...
Baking Powder ...	1	...



Commodity	No. of Samples analysed	No. of Samples unsatisfactory
Batter Flour	1	...
Beans with Pork Sausages	1	...
Beef, Pressed	1	...
Bemax	1	...
Blackcurrants	1	...
Blancmange Powder	1	...
Brawn	1	...
Bread	2	2
Butter	2	...
Cake Mixture	2	...
Caraway Seeds	1	...
Cheese	4	...
Cheese Spread	1	...
Chest and Throat Lozenges	1	...
Chocolate, Drinking	1	...
Chocolate Raisins	1	...
Cochia Pills	1	...
Cocoa	1	...
Coconut, Desiccated	1	...
Coffee and Chicory Essence	1	...
Cooking Fat	4	...
Crab Paste	2	...
Cream	7	...
Cream Buns	2	1
Cream Soda	1	...
Curry	3	...
Custard Powder	1	...
Ephedrine Hydrochloride	1	...
Farex	1	...
Fish Cakes	1	...
Fish Paste	1	...
Fling (soft drink)	1	...
Fruit Sauce	1	...
Ginger, Ground	1	...
Glucose, Medicinal	1	...
Grapes, Canned	1	...
Grape Fruit Segments	1	...
Gravo Thick	1	...
Groats	1	...

Commodity	No. of Samples analysed	No. of Samples unsatisfactory
Honey ... ..	1	...
Ice Cream ... ..	69	...
Jam ... ..	1	...
Jelly ... ..	2	...
Lactagol ... ..	1	...
Liquorice, linseed and chlorodine Tablets	1	...
Lollies ... ..	6	...
Lozenges ... ..	1	...
Margarine ... ..	2	...
Marmite ... ..	1	...
Marmalade ... ..	2	...
Meat Paste ... ..	1	...
Meat Pudding ... ..	1	...
Mincemeat ... ..	1	...
Mint Concentrate ... ..	1	...
Mint, Dried ... ..	1	...
Milk ... ..	38	...
Milk, Condensed ... ..	2	...
Milk, Dried (full cream) ... ..	1	...
Milk Food ... ..	1	...
Milk, National Dried ... ..	1	...
Molasses ... ..	1	...
Olive Oil ... ..	1	...
Orange Curd ... ..	1	...
Orange Squash ... ..	1	...
Peas, Canned ... ..	1	...
Peas, Processed ... ..	1	...
Peel, Mixed ... ..	1	...
Pepper ... ..	3	...
Pickle ... ..	1	...
Pilchards ... ..	1	...
Pile Tablets ... ..	1	...
Pineapples ... ..	1	...
Pineapple Juice ... ..	1	...
Pineapple Pieces ... ..	1	...
Popcorn ... ..	1	...
Pork, Minced ... ..	1	...
Pork and Beef Paste ... ..	1	...
Pudding, Christmas ... ..	2	1



Commodity	No. of Samples analysed	No. of Samples unsatisfactory
Quinine Tablets	1	...
Rice, Creamed	1	...
Rice, Ground	1	...
Ricory (Coffee Preparation)	1	...
Rock Confections	4	...
Rum and Butter Toffees	1	...
Sandwich Spread	1	...
Sauces	5	...
Sausages, Beef	1	...
Sausages, Liver	1	...
Sausages, Pork	1	...
Sausage Meat, Beef	1	...
Sausage Rolls	1	...
Snacks (Tinned)	3	3
Self-raising Flour	1	...
Semolina	1	...
Spice, Mixed	3	...
Steak, Stewed	2	...
Steak and Kidney Pudding	1	...
Stomach and Liver Mixture	1	...
Suet, Shredded Beef	3	...
Sugar	2	...
Sultanas	1	...
Sweets and Confectionery	3	...
Tapioca, Dessert	2	...
Tapioca Flakes	1	...
Tea	2	...
Throat Drops	1	...
Throat Tablets	1	...
Trufood	2	...
Vinegar	3	...
Vinegar, Malt	1	...
Virol	1	...
Yeast Tablets	1	...
Yeast, Dried Brewers	1	...
Zinc Ointment	1	...
Totals	278	7

*(v) Samples submitted for Bacteriological Examination.**(a) DESIGNATED MILK.*

Thirty-two samples of designated milk were taken and submitted to the County's Public Health Laboratories for bacteriological examination. The results of such examination are summarised as follows :—

Designation	No. of Samples Taken	Result			
		Phosphatase Reaction		Methylene Blue Test	
		Satis.	Unsatis.	Satis.	Unsatis.
Tuberculin Tested	6	6	...	6	...
Accredited ...	2	2	...	2	...
Pasteurised ...	14	14	...	14	...
Sterilised... ..	10	10	...	10	...
TOTAL ... ..	32	32	...	32	...

*(b) ICE CREAM.*

Seventy samples of ice cream and six of ice lollies were taken and submitted to the County's Public Health Laboratories for bacteriological examination. The results of such examination are summarised as follows :—

Commodity	No. of Samples taken	Result				
		Grade I	Grade II	Grade III	Grade IV	Satis.
Ice Cream ...	70	41	18	7	4	...
Ice Lollies ...	6	...	...	...	...	6

*(vi) Samples submitted for Biological Examination.*

Two samples of milk were submitted for biological examination and in each case a negative result was obtained.

**Food and Drugs Act, 1938, Sections 9 and 10.***(i) Meat and Food Condemned and Destroyed.*

Condemnation certificates were issued in respect of the under-mentioned unsound foodstuffs surrendered by various traders in the Borough as a result of routine inspection of food premises. The food condemned was destroyed by fire at the Council's Destructor Works.



Commodity	Ton	Cwt.	Qtr.	Lb.	Commodity	Units
Bacon ... ..	...	...	2	3	Cheese ... ..	22 boxes
Cheese ... ..	...	...	...	7	Chickens ... ..	317
Chocolate	...	...	...	...	Ducks ... ..	47
Coconut Bars ...	...	5	...	...	Fish ... ..	192 tins
Fish ... ..	...	5	3	14	Fruit ... ..	2,327 tins
Ground Rice ...	...	...	...	7	Ham ... ..	97 tins
Ice Cream Powder	...	...	...	21	Ice Cream Cones ...	10 boxes
Hearts ... ..	...	2	1	27	Ice Cream Wafers ...	99 tins
Liver ... ..	...	...	...	12½	Jam ... ..	27 tins
Meat ... ..	2	...	2	18	Luncheon Meat ...	406 tins
Potatoes ... ..	...	...	2	14	Milk ... ..	259 tins
Rabbits ... ..	...	2	2	25	Miscellaneous Foodstuff	114 pkts.
Raisins ... ..	...	...	1	2	Patent Barley ... ..	50 tins
Salmon ... ..	...	1	2	...	Prune/Apple Puddings	51 tins
Sausages ... ..	...	1	3	24	Salad Cream ... ..	23 bottles
Sausage Meat ...	...	2	2	...	Sausages ... ..	36 tins
Suet ... ..	...	...	...	20	Sheeps Heads ... ..	64
Sultanas ... ..	...	2	...	16	Soup ... ..	113 tins
Sweetbreads ...	...	...	...	19	Vegetables ... ..	598 tins
Sweetened Fat ...	...	3	...	7		
Weasands ... ..	...	...	2	27		

### Notices Served.

#### (i) *Food and Drugs Act, 1938 (Sec. 13).*

This section sets out certain minimum requirements as to hygiene, cleanliness, structural conditions, hot and cold water and washing facilities, and affects rooms in which food intended for human consumption is prepared for sale or sold or offered or exposed for sale, or deposited for the purpose of sale or in preparation for sale. Notices in relation to contraventions of this section were served in respect of 33 food premises, and all notices were complied with. In addition to these written notices, numerous verbal intimations were given by Sanitary Inspectors to occupiers of food establishments—more in the nature of advice than of official direction—with the object of securing co-operation in maintaining a high standard of food hygiene.

#### (ii) *Shops Act, 1950, Sec. 38.*

Eight notices were served under this section on occupiers or owners of shop premises regarding insufficient sanitary arrangements available for use of persons employed in or about the shop. These notices were satisfactorily complied with.

### Legal Proceedings.

In two instances it was necessary to institute legal proceedings, as under :—

Nature of Contravention	Act under which summons was issued	Date of summons	Result
Storage of food under dirty conditions...	Food and Drugs Act, 1938, Sec. 13	23.7.53	40s. fine on each of two summons
Sale of food unfit for human consumption	Food and Drugs Act, 1938, Sec. 9	22.12.53	£5 fine, with £2 2s. costs

### REGISTRATION AND LICENSING OF FOOD PREMISES.

#### (i) *Food and Drugs Act, 1938, Sec. 14.*

This section provides for the registration by the Local Authority of premises used in connection with the sale, or the manufacture for the purpose of sale, of ice cream, or the storage of ice cream intended for sale, or the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale.

#### (a) ICE CREAM PREMISES.

In connection with the retail sale and storage of ice cream 21 new applications for registration were approved. Details are given hereunder of the number of ice cream premises registered under this section.

Premises on register at 1st January, 1953 ... ..	285
Premises removed from register during 1953 ... ..	11
	— 274
Premises registered during 1953 ... ..	21
	—
Premises on register at 31st December, 1953 ... ..	295

During the year 448 inspections of ice cream premises were carried out, and of the 69 samples obtained for chemical analysis,



all conformed with the standard prescribed by the Food Standards (Ice Cream) Order, 1953, viz. :—

“ Ice cream shall contain not less than 5 per cent. fat, 10 per cent. sugar and  $7\frac{1}{2}$  per cent. milk solids other than fat.

Provided that—

(i) Ice cream containing any fruit, fruit pulp or fruit purée shall either conform to the standard set forth above or, alternatively, the total content of fat, sugar and milk solids other than fat shall be not less than 25 per cent. of the ice cream including the fruit, fruit pulp or fruit purée, as the case may be, and such total content of fat, sugar and milk solids other than fat shall include not less than  $7\frac{1}{2}$  per cent. fat, 10 per cent. sugar and 2 per cent. milk solids other than fat ;

(ii) “ Parev ” (Kosher) ice sold, offered or exposed for sale under that description shall contain not less than 10 per cent. fat and not less than 14 per cent. sugar, and the standard for ice-cream set forth above shall not apply to this product.”

The results of 70 samples of ice cream submitted for bacteriological examination are given on page 83.

#### (b) PREMISES MANUFACTURING PRESERVED FOOD.

Two new applications were received and approved for registration of butchers' premises for the manufacture of preserved food. The following table gives details of premises registered for this purpose.

Premises on register at 1st January, 1953 ...	...	80
Premises removed from register during 1953 ...	...	18
		— 62
Premises registered during 1953 ...	...	2
		—
Premises on register at 31st December, 1953 ...	...	64

#### (ii) *Food and Drugs (Milk and Dairies and Artificial Cream) Act, 1950—Milk and Dairies Regulations, 1949.*

These Regulations require local authorities to keep a register of persons carrying on the trade of milk distributor and of all dairy premises other than dairy farms in their districts, and make special provisions relating to the treatment, handling and storage of milk.

Shops where milk is sold only in the unopened containers in which it is received are registered as distributors, and nine such registrations were approved during the year. Details of premises registered under these regulations are :

Premises on register at 1st January, 1953 ... ..	97
Premises removed from register during 1953 ... ..	6
	91
Premises registered during 1953 ... ..	9
	100
Premises on register at 31st December, 1953 ... ..	100

One hundred and seventy-nine visits were made to premises dealing in milk, and of the 38 samples submitted for chemical analysis, all complied with the Sale of Milk Regulations, which provide (subject to certain exceptions) that milk shall contain not less than 3 per cent. milk fat and 8.5 per cent. milk solids other than milk fat.

(iii) *Milk (Special Designation) (Pasteurised and Sterilized Milk) Regulations, 1949, and Milk (Special Designations) (Raw Milk) Regulations, 1949.*

One hundred and eighty-four licences were granted in respect of designated milk as a result of applications received. The following is a summary of these licences.

	Special Designation			
	Tuber- culin Tested	Accredited	Pasteurised	Sterilised
No. of licences granted	25	12	43	88
No. of supplementary licences granted ...	5	...	5	6
TOTAL ... ..	30	12	48	94

The results of 32 samples of designated milk submitted for bacteriological examination are given on page 83, para. (v) (a).



(iv) *Essex County Council Act, 1952—Section 103.*

## (a) PERSONS ENGAGED IN HAWKING FOOD AND THEIR PREMISES.

Applications were received from 10 persons for registration as hawkers of food, and for registration of their premises to be used for storage of food.

## (b) PERSONS ENGAGED IN HAWKING FOOD.

Applications were received from 10 persons for registration as hawkers of food.

Details of the number of persons and premises registered under this section are given hereunder.

	Persons		Premises	
On register at 1.1.53	60		42	
Removed from register during 1953	1	59	1	41
Registered during 1953		20		10
On register at 31.12.53		79		51

(v) *Leyton Corporation Act, 1950—Section 63.*

## REGISTRATION OF VENDORS OF SHELL-FISH AND THEIR PREMISES.

An application was received from a fishmonger in the Borough for registration as a vendor of shell-fish and for registration of premises to be used for storage.

Details of the number of premises registered for this purpose are :—

Persons and premises on register at 1st January, 1953	13
Persons and premises removed from register during 1953	1
Persons and premises registered during 1953	12
Persons and premises on register at 31st December, 1953	13

## HEALTH EDUCATION AND THE CAMPAIGN FOR CLEANER FOOD.

Details have already been given of the number of visits made by the Sanitary Inspectors in regard to the inspection of food and all types of premises where food is prepared, handled, stored or sold, to ensure compliance with the various Acts, Orders and Regulations, and the Council's By-laws for "securing the observance of sanitary and clean conditions and practices in connection with the handling, wrapping and delivery of food sold or intended for sale for human consumption and in connection with the sale or exposure for sale in the open air of food intended for human consumption".

It is pleasing to place on record appreciation of the co-operation received from food traders in the Borough in complying with our requirements, but it should be realised that clean food is not wholly concerned with structural conditions of premises. The most important and unpredictable factor in food hygiene is the worker. Carefully designed and elaborate food premises are not proof against the careless food handler who fails to observe elementary principles of personal hygiene. One employee in a food establishment—by ignorance, apathy or mere carelessness—may jeopardise the health of hundreds of people. The education of the food handler is therefore the greatest single step that can be taken in producing cleaner food.

Health education should not be confined to the adult worker, but should begin at the earliest possible age at home and at school. The general provision of school meals gives the educational authorities an excellent opportunity to inculcate in children the simple rules of personal cleanliness in relation to the preparation and service of food.

A film strip projector has been obtained with the object of extending the field of health education to include (in addition to lectures) the showing to food handlers at school canteens and catering and food establishments of film strips dealing with food hygiene and the dangers of food poisoning. Unfortunately the existing staff of Sanitary Inspectors are fully employed in dealing with routine day-to-day requirements and there is little margin to enable this important aspect of environmental hygiene to receive adequate attention.



Legal sanctions and official inspections can achieve much, but it must be remembered that the public themselves can also assist in the campaign for cleaner food by favouring with their custom the clean shop rather than the dirty shop, by complaining and criticising in no uncertain terms any obvious breach of hygiene and by imposing a standard which they expect to be observed by shop-keepers and food handlers whom they patronise.

### WASHING FACILITIES IN PUBLIC SANITARY CONVENIENCES.

Prior to 1953, in each Public Sanitary Convenience administered by the Sanitary Authority there was provided only one water closet and one wash-hand basin for use by members of the public free of charge. For the use of all other water closets the charge was a penny, and for the use of wash-hand basins and towels the charge was threepence.

As the imposition of charges for such services appeared to be in conflict with hygienic teaching, especially in respect of persons handling food, towards the end of 1952 the following report was submitted to the Sanitary Authority by the Medical Officer of Health.

“Most outbreaks of food poisoning have been traced to food prepared or eaten outside the home, and one healthy carrier of pathological enteric organisms may be responsible for the illness of many people by lack of cleanliness in the preparation of food. In consequence of the great increase during recent years of cases of food poisoning, a Clean Food Campaign has been sponsored by the appropriate central government departments, with the help of the Central Council for Health Education.

In this Campaign your sanitary inspectors have taken a prominent part, by drawing the attention of food handlers in catering establishments to the association between clean hands and safe food, and posters on these lines have been displayed on public hoardings, in clinic premises, and at 280, High Road, as part of the Health Education for which Local Health Authorities are responsible under the provisions of the National Health Service Act. Metal plaques bearing the slogan “Always wash your hands after using



the W.C." have been distributed by me to Hospitals and Catering Establishments in the Borough, to be fixed on the inner side of water closet doors and in urinals. I consider that these plaques (or similar advice) should be displayed in the Council's public conveniences, which are widely used by food handlers of all kinds ; but the reason for giving such advice is liable to misrepresentation in premises where charges are made for the use of both water closets and wash-hand basins. The person who has been charged a penny for the use of a water closet in a public convenience is not likely to be well disposed towards a Sanitary Authority that advises him to wash his hands in the public interest and then charges him twopence for the privilege for doing so.

It has been truly stated that

" Man (homo sapiens) is the only animal that deliberately runs the risk of soiling or contaminating his hands (or fore-paws) as the terminal act of defaecation, and then uses these same hands for all sorts of purposes affecting others of his kind (e.g. shaking hands, fingering coins and paper money, preparing food, etc.)."

Law and custom compel him to wear clothes which he keeps clean at the risk of soiling his hands. If the officers of the Sanitary Authority advise him to wash his hands for the protection of others, he should not be charged for complying with the advice given.

After consideration of that report the Council decided :—

(1) That no charge be made for the use of water closets or wash-hand basins in the Council's public conveniences ;

(2) That free paper towels be provided for the latter purpose ; and

(3) That linen towels continue to be provided at the existing charge of threepence per towel, when required."

During the year 1953, 14,078 linen towels and 18,757 paper towels were issued.

### **Inspection of business premises other than food premises.**

#### *(i) Summary of inspections by Sanitary Inspectors.*

The following inspections were carried out during the year in relation to the under-mentioned business premises having regard to the requirements of the Public Health Act, 1936 ; the Shops Act, 1950 ; the Factories Act, 1937 ; the Pet Animals Act, 1951 ; the



Rag Flock and Other Filling Materials Act, 1951; the Diseases of Animals Acts and Orders; the Leyton Corporation Act, 1950; and relevant legislation.

Type of Premises	No. of Inspections
Factories with mechanical power ... ..	452
Factories without mechanical power ... ..	44
Hairdressers and Barbers ... ..	117
Hospitals and Nursing Homes ... ..	5
Local Authority Properties ... ..	31
Miscellaneous Shops, etc. ... ..	420
Offensive Trades ... ..	5
Outworkers ... ..	421
Pet Animal Shops ... ..	41
Piggeries ... ..	19
Places of Entertainment ... ..	12
Public Conveniences ... ..	25
Rag and Bone Dealers ... ..	5
Rag Flock ... ..	22
Schools ... ..	14
Stables ... ..	9
Total inspections ... ..	1,517

(ii) *Factories Act, 1937/1948.*

The following is an extract from a statutory return, made annually to the Ministry of Health, showing inspections made and an analysis of notices served under the provisions of the Factories Act, 1937.

1. INSPECTIONS FOR PURPOSES OF PROVISIONS AS TO HEALTH  
Including inspections made by Sanitary Inspectors.

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
FACTORIES with mechanical power ... ..	396	452	22	...
FACTORIES without mech- anical power ... ..	65	44	3	...
OTHER PREMISES under the Act (including works of building and engineering construction but not in- cluding outworkers' pre- mises) ... ..	...	...	...	...
Total ... ..	461	496	25	...

## 2. DEFECTS FOUND.

Particulars (1)	Number of Defects		
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)
Lack of cleanliness ... ..	1	...	...
Sanitary Conveniences :—			
Insufficient... ..	1	1	...
Unsuitable or defective ... ..	18	9	...
Not separate for sexes ... ..	4	4	...
Other Offences ... ..	6	3	...
Total ...	30	17	...

## OUTWORK IN UNWHOLESOME PREMISES.

(Section 111 of Act of 1937.)

Nature of Work (1)	Instances (2)	Notices served (3)	Prosecu- tions (4)
Nil	Nil	Nil	Nil

**Registration and Licensing.***(i) Pet Animals Act, 1951.*

This is an Act to regulate the sale of pet animals, and the persons in occupation of Pet Shops are required to be licensed by the local authority in respect of :—

- (i) the accommodation provided for the animals, with regard to size, temperature, lighting, ventilation and cleanliness ;
- (ii) the provision of suitable food and drink ; and
- (iii) animals, being mammals, not being sold at too early an age.

Applications were approved, and licences granted in respect of, 13 pet animal shops. Such licences are reviewed annually.

The following table gives details of registration and licences issued :—

On register at 31st December, 1952	...	...	12
Licences issued during 1953	...	...	13
Removed from register during 1953	...	...	Nil
On register at 31st December, 1953	...	...	13



*(ii) Leyton Corporation Act, 1950 (Section 48).*

## REGISTRATION OF HAIRDRESSERS AND BARBERS, AND OF PREMISES IN WHICH BUSINESS IS CARRIED ON.

Twelve new applications were approved for registration as hairdressers/barbers and of the premises in which the business is carried on.

On register at 1st January, 1953	...	...	...	78
Removed from register during 1953	...	...	1	
			—	77
Registered during 1953	...	...	...	2
			—	
On register at 31st December, 1953	...	...		79

*(iii) Rag Flock and other Filling Materials Act, 1951.**(a) REGISTRATION, SECTION 2.*

An application was received from a trader in the Borough for registration of premises under the provisions of the above Act. The present position regarding such registrations is :

On register at 1st January, 1953	...	...	...	11
Removed from register during 1953	...	...	3	
			—	8
Registered during 1953	...	...	...	1
			—	
On register at 31st December, 1953	...	...		9

*(b) SAMPLING—SECTION 15.*

Ten formal samples of various filling materials were taken in accordance with the requirements of the Rag Flock and Other Filling Materials Act, 1951. Set out below in tabular form are the findings of the Prescribed Analyst.

Appropriate Tests	Standard prescribed by R.F. & O.F.M. Regs., 1951	Results of Analysis	Remarks and Action Taken
<i>(i) Sample No. 1/53—Cotton Felt</i>			
Oil and soap test	Not to contain more than 2% of oil	Oil content 6%	
Trash content Test (in triplicate)	Not to contain more than 7½% of trash or other impurities	Trash content : (i) 9.3%, (ii) 9.1%, (iii) 9%, average 9.1 %	Sample Unsatisfactory
Dust index test (in duplicate)	To have a dust index of not more than 3, where the test is carried out under the conditions specified in para. 40 of Part 6 of British Standard 1425 : 1951	Dust index : (i) 1.6% (ii) 1.8% average 1.7%	Warning letter to Manufacturers
<i>(ii) Sample No. 2/53—Rag Flock</i>			
Impurities Test (in triplicate)	Not to contain more than 1.8% of soluble impurities	Sol. impurities : (i) 1.3% (ii) 1.3% (iii) 1.3% average 1.3%	Sample Satisfactory
Oil and soap test	Not to contain more than 5% of oil and soap	Oil 1.4%	
Chlorine test	Not to contain more than 30 parts per 100,000 of chlorine in the form of soluble chlorides	Soap .9% Chlorine content 20 parts per 100,000	
<i>(iii) Sample No. 3/53—Layered Coir Fibre</i>			
*Impurities test (in triplicate)	Not to contain more than 1.5% of insoluble impurities ; and where the filling consists wholly or partly of used materials, not to contain more than 1.5% of soluble impurities	Insoluble impurities : (i) .7% (ii) .7% (iii) .7% average .7%	Sample Satisfactory
<i>(iv) Sample No. 4/53—Rag Flock</i>			
Impurities test (in triplicate)	Not to contain more than 1.8% of soluble impurities	Sol. impurities : (i) 1.4% (ii) 1.6% (iii) 1.4% average 1.5%	Sample Satisfactory
Oil and soap test	Not to contain more than 5% of oil and soap	Oil 1.7% Soap 1.1%	



Appropriate Tests	Standard prescribed by R.F. & O.F.M. Regs., 1951	Results of Analysis	Remarks and Action Taken
<i>(iv) Sample No. 4/53—Rag Flock—cont.</i>			
Chlorine test	Not to contain more than 30 parts per 100,000 of chlorine in the form of soluble chlorides	Chlorine content : 16 parts per 100,000	
<i>(v) Sample No. 5/53—Rag Flock</i>			
Impurities test (in triplicate)	Not to contain more than 1.8% of soluble impurities	Sol. impurities : (i) 1.9% (ii) 2% (iii) 1.9% average 1.9%	Sample Unsatisfactory
Oil and soap test	Not to contain more than 5% of oil and soap	Oil 1.9% Soap 1%	Warning letter to Manufacturers
Chlorine test	Not to contain more than 30 parts per 100,000 of chlorine in the form of soluble chlorides	Chlorine content : 15 parts per 100,000	
<i>(vi) Sample No. 6/53—Cotton Felt</i>			
Oil and soap test	Not to contain more than 2% of oil	Oil content .5%	Sample Unsatisfactory
Trash content test (in triplicate)	Not to contain more than 7½% of trash or other impurities	Trash content : (i) 8.7% (ii) 8% (iii) 8% Average 8.2%	Warning letter to Manufacturers
Dust index test (in duplicate)	To have a dust index of not more than 3, where the test is carried out under the conditions specified in para. 40 of part 6 of British Standard 1425 : 1951	Dust index : (i) 1.5 (ii) 1.5	
<i>(vii) Sample No. 7/53—Woollen Mixture Felt</i>			
Impurities test (in triplicate)	Not to contain more than 1.5% of soluble impurities	Sol. impurities : (i) 1.3% (ii) 1.2% (iii) 1.3% average 1.3%	Sample Satisfactory
Oil and soap test	Not to contain more than 5% of oil and soap	Oil 1.4% Soap 1%	

Appropriate Tests	Standard prescribed by R.F. & O.F.M. Regs., 1951	Results of Analysis	Remarks and Action Taken
Chlorine test	(vii) <i>Sample No. 7/53—Woollen Mixture Felt</i> — <i>cont.</i> Not to contain more than 30 parts per 100,000 of chlorine in the form of soluble chlorides	Chlorine content : 12 parts per 100,000  Animal Fibre content 69.6%	
Impurities test (in triplicate)  Oil and soap test  Chlorine test	(viii) <i>Sample No. 8/53—Rag Flock</i> Not to contain more than 1.8% of soluble impurities  Not to contain more than 5% of oil and soap Not to contain more than 30 parts per 100,000 of chlorine in the form of soluble chlorides	Sol. impurities : (i) 1.8% (ii) 1.7% (iii) 1.7% Average 1.7% Oil 2.5% Soap 1.1%  Chlorine content : 15 parts per 100,000	Sample Satisfactory
Impurities test (in triplicate)  Oil and soap test  Chlorine test	(ix) <i>Sample No. 9/53—Rag Flock</i> Not to contain more than 1.8% of soluble impurities  Not to contain more than 5% of oil and soap Not to contain more than 30 parts per 100,000 of chlorine in the form of soluble chlorides	Sol. impurities : (i) .8% (ii) .7% (iii) .8% Average .8% Oil 1.6% Soap 1.1%  Chlorine content : 9 parts per 100,000	Sample Satisfactory
Impurities test (in triplicate)	(x) <i>Sample No. 10/53—Layered Coir Fibre</i> Not to contain more than 1.5% of insoluble impurities and where the filling consists wholly or partly of used materials not to contain more than 1.5% of soluble impurities.	Insoluble impurities : (i) .9% (ii) .9% (iii) 1%	Sample Satisfactory



## Diseases of Animals, Acts and Orders.

### (i) *Administration.*

The Diseases of Animals Acts, and Statutory Rules and Orders, deal generally with :—

- (a) Prevention of scheduled diseases of animals.
- (b) Control of outbreaks of diseases of animals.
- (c) Prevention of the introduction of diseases of animals from abroad ; and
- (d) Protection of animals against unnecessary suffering.

The administration of the law relating to diseases of animals is carried out partly by officers of the Ministry of Agriculture and Fisheries and partly by officers of County Councils and Local Sanitary Authorities. In this Borough your Sanitary Inspectors are officers authorised under the various Acts and Orders to deal with the matters which are the responsibility of the Leyton Council.

### (ii) *Swine Fever (Infected Areas) Order, 1953.*

The Swine Fever (Infected Areas) Order, 1953—made by the Ministry of Agriculture and Fisheries (Animal Health Division) pursuant to Section 20 of the Diseases of Animals Act, 1950—came into operation on the 27th April, 1953. Its object is to prevent the spread of infection of swine fever by imposing restrictions governing both the holding of markets of swine and the movement of swine into, out of, and within the areas specified (which include the County of Essex).

On 18th November, 1953 a circular letter was received from the Ministry stating that the swine fever position had improved, and that it was possible to withdraw the special restrictions.

#### (a) LICENCES ISSUED.

While the above Order was in force seven licences were granted, involving a movement of 56 pigs from this Borough to a neighbouring authority for slaughter.

### (iii) *Fowl Pest.*

Diseases of Animals (Extension of Definition of Poultry) Order, 1953.

Psittacosis or Ornithosis Order, 1953.

The above Orders came into force during the year and are primarily concerned with the control of fowl pest. Measures were

taken to publicise their requirements by inspection and the circulation of leaflets and posters as required by the Diseases of Animals Act, 1950. The following is an extract from a letter circulated to poultry keepers, bird fanciers, pet shops and corn chandlers throughout the Borough :—

“ Investigations into recent outbreaks have revealed that one of the most important provisions of the Live Poultry (Restrictions) Order, 1952, is not in all cases being strictly observed. This is the rule that makes it an offence for live poultry to be moved from premises on to which any live poultry have been moved during the preceding 28 days. The main reason for this provision is that if poultry are in the incubative stage of fowl pest when they are moved on to any premises, the symptoms should become noticeable in those birds or in the contact birds during this detention period of 28 days. The only exceptions to this rule are that live poultry may be moved from authorised markets and from shows organised by an agricultural society or poultry club. The rule applies to all other premises including premises on to which birds have been moved from a show or a market during the previous 28 days. Strict adherence to this rule by poultry-keepers is of vital importance in preventing the spread of fowl pest.

The Diseases of Animals (Extension of Definition of Poultry) Order, 1953, extends the definition of ‘ poultry ’ in the Diseases of Animals Act, 1950, so as to include parrots and certain other birds likely to spread the disease known as psittacosis (or ornithosis) and fowl pest.

The Psittacosis or Ornithosis Order, 1953, extends the definition of the expression ‘ disease ’ for the purposes of the Diseases of Animals Act, 1950, to include the disease known as psittacosis or ornithosis so that the provisions of that Act may apply to domestic poultry, parrots and other birds affected with, or suspected of being affected with, the disease. The Order also provides for the detention and isolation of affected or suspected birds and for the cleansing and disinfection of premises and utensils used for such birds.

Copies of the above-mentioned Orders can be purchased from H.M. Stationery Office, Kingsway, W.C.2, price 3d. each.”



## ATMOSPHERIC POLLUTION.

### Smoke Abatement.

#### (I) INSPECTIONS BY SANITARY INSPECTORS.

Some 89 observations were made of the quantities of smoke emitted from chimneys of industrial and commercial premises. Letters were sent to the management of a number of business undertakings regarding excessive smoke and grit emission, but no statutory nuisance was established within the terms of the Public Health Act, 1936.

#### (II) REPORT OF THE COMMITTEE ON NATIONAL POLICY FOR THE USE OF FUEL AND POWER RESOURCES.

The following is an extract from a special report submitted to the Public Health Committee by the Senior Sanitary Inspector in March, 1953 :—

In July 1951 the Ministry of Fuel and Power appointed, under the chairmanship of Viscount Ridley, C.B.E., a Committee on National Fuel Policy to consider whether any further steps could be taken to promote the best use of the nation's fuel and power resources having regard to growing demands and in the light of technical developments.

The Report is an informative document and brings to light differences of opinion held by the National Coal Board, the British Electricity Authority and the Gas Council.

The National Coal Board state in their evidence that the use of electricity for ordinary heating purposes, for space heating, water heating or cooking, is incompatible with the national interest ; and that, if the load were taken by coal (either burnt raw or after conversion into coke and gas) not only would the nation save seven million tons of raw coal, but load-shedding would end and the electricity supply industry would be able to meet any likely expansion in the demand for electricity for purposes of light and power without using more coal than at present. The Coal Board claims that unless the heating load now carried by electricity is removed coal will become scarcer still, that there will be an ever-increasing use of the wrong fuels for heating purposes, and that the efficiency of coal utilisation will decline. Their remedy is the expansion of the carbonisation industry, the production of more coke (which in its turn would force consumers to abandon inefficient grates and replace with new smokeless appliances) and the expansion of bricquetting.



The British Electricity Authority on the other hand claims that in the lighting, cooking, water heating and space heating fields, electrical methods are in general more efficient from a fuel utilisation point of view than the methods they have replaced. Rising standards of hygiene and comfort in an increasing population have been obtained without any commensurate increase in the total quantity of fuel consumed, including the coal equivalent of gas and electricity, and with a substantial diminution of atmospheric pollution. The Authority argues that the theoretical advantages of certain types of modern solid fuel appliances are minimised by such factors as:—

- (i) the inability of the average householder to maintain the theoretical practical efficiency ;
- (ii) the tendency to use more efficient apparatus to secure greater comfort rather than to save fuel ;
- (iii) the additional materials and labour needed to produce such appliances ;
- (iv) the physical disadvantage of transporting and utilising solid fuel.

The Gas Council claims that the provision of domestic heat services by an appropriate combination of gas and coke results in a smaller demand on coal resources than any alternative method, and that appropriate heat services can be provided by the medium of gas with a substantially smaller capital investment than is required by alternative methods.

These basic arguments are the subject of considerable controversy among the three bodies mentioned, and show how very difficult it is to say categorically what is the right pattern for fuel use. For those of us whose professional interests lie in the field of atmospheric pollution and its prevention the controversy is academic rather than practical.

#### *Main Sources of Atmospheric Pollution.*

- (i) Some 12 million old fashioned domestic open fire grates burn more than 30 million tons of coal a year and produce one million tons of smoke. Thus the townsman pays heavily for smoke, both directly as a coal consumer and as a citizen living in a dirty atmosphere.
- (ii) Smaller industrial boilers and furnaces burning raw coal.
- (iii) Steam railway locomotives.

(It is interesting to note the omission of large industrial boilers and furnaces as smoke producers.)



*Cost to the Community.*

The heavy social and monetary cost of smoke pollution to the community is emphasised by the Committee. Among the social costs are the loss of sunlight and the harm to the health of citizens ; the reduction in the amenities of town life ; the damage to buildings and textile fabrics ; the extra costs of painting, washing and laundry ; and the loss of food production which results from the smoke deposited in the countryside around towns. These are only a few of the main losses incurred by the community due to smoke.

*Proposals.*

Proposals are made in the Report for increasing efficiency by each of the three main smoke producing users. These include :—

## 1. Domestic Use.

- (a) The development of more efficient types of open fire which will burn coal with less smoke and even greater efficiency than the standard improved fires now coming into popular use.
- (b) The use of more gas domestically during peak hours of the electricity supply system, with correspondingly greater supplies of coke.

## 2. Industrial Use.

- (a) Expansion of the fuel advisory services.
- (b) Financial incentives to firms for installing fuel efficiency equipment.
- (c) Requirement of prior approval for heating installations in new industrial and commercial buildings.
- (b) More schemes for training stokers in the efficient and smokeless firing of boilers and furnaces.

## 3. Steam Railway Locomotives.

As there appears to be no practicable method of making the standard steam locomotive fuel efficient and smokeless, progress must come from the switch to other methods of traction.

The Committee also considered more general adoption of smoke Byelaws and the establishment of smokeless zones. They did not feel that at the present time the extension of Byelaw control would

make a great contribution to the smoke problem ; but they felt that, as the number of suitable appliances and the amount of smokeless fuel increases, there is a good case for more widespread declaration of smokeless zones.

The wealth of technical data and the recommendations set out in the Report provide food for thought for Public Health Committees and officials who are concerned with the evils of smoke pollution and who are anxious to see some progress towards its abatement. The recommended increase in the use of improved domestic appliances is not likely to have any substantial effect on atmospherical pollution unless smokeless fuels are used. The use of unwashed nutty slack in slow burning grates, which produce dense smoke over long periods, is hardly the answer to the smoke problem.

When considering this question of smoke abatement it is well to remember that it means more than the removal from the atmosphere of visible smoke. Sulphur dioxide is not less important because its presence is felt rather than seen. Grit emission from large industrial furnaces, which show little (if any) smoke, poses a problem extremely difficult of solution.

### (III) SMOKELESS ZONES.

The following is an extract from a special report on the above subject submitted by the Senior Sanitary Inspector to the Public Health Committee at its meeting on 14th July, 1953.

“ Smokeless Zones ” are areas in which all smoke and other material pollution are prohibited, and may be of any size from a few acres upwards. Essential requirements are :

- (i) Possession of necessary statutory powers.
- (ii) The conversion of existing obsolete domestic open fires and ranges to modern type suitable for smokeless fuel with gas ignition.
- (iii) Replacement of inefficient industrial furnace installations by modern smoke-consuming appliances.
- (iv) Adequate supplies of smokeless fuel for domestic users.
- (v) Adequate supplies of suitable fuel for industrial furnaces.



*Possible Establishment of Smokeless Zones in Leyton—Factors to be Considered.*

Sources of Atmospheric Pollution.

Since Leyton is one small unit in a large belt of smoke-producing Boroughs, it is necessary to consider the sources of atmospheric pollution in relation to the Greater London area as a whole. The main sources of pollution are :—

- (a) Old-fashioned domestic open-fire grates burning ordinary solid fuel.
- (b) Modern domestic open-fire grates burning bituminous coal instead of the smokeless fuel for which they were designed—due to scarcity of supplies and cost of smokeless fuel.
- (c) Smaller industrial boilers and furnaces burning raw coal.
- (d) Steam railway locomotives.
- (e) Sea-going ships and coastal vessels using the River Thames and docks.

Town Planning.

The Borough's future planning and redevelopment proposals must figure prominently in the selection of any area as a proposed smokeless zone, having regard to heavy expenditure likely to be incurred by the Council and/or the owners in converting existing appliances.

The geographical layout of Leyton differs very considerably from that of the cities of Coventry and Manchester, where such zones have been established, in that there is no central area predominantly commercial—offices, shops and places of entertainment. Unlike Coventry, Leyton contains no blitzed vacant sites suitable for large-scale replanning and rebuilding without considerable interference with and demolition of existing premises.

Smokeless zones are likely to be of little value unless, sooner or later, they are able to expand. This would involve liaison with neighbouring Boroughs, and reference to the County of London development plan. Without room for expansion a smokeless zone in Leyton would be no more than a small smokeless island surrounded by a permanent sea of smoke; and, since the smoke-polluted atmosphere of Greater London is not likely to respect our boundaries, little (if any) material advantage would be gained. The situation is rendered more complicated by reason of the fact that it would be difficult, if not impossible, to control smoke from steam railway locomotives passing through Leyton.

*General Observations.*

Leyton is one small unit in a large belt of smoke-producing Boroughs. Having due regard to this, and the afore-mentioned factors, it would appear to be neither practicable nor profitable to attempt to deal with the problem of atmospheric pollution in Leyton by the setting up of smokeless zones without also taking into consideration the Greater London Area as a whole. The problem of smoke abatement is closely related to redevelopment—relocation of industry, slum clearance and new housing.

Many of the questions to be considered in creating smokeless zones are of national as well as of local significance—a Central Government Committee of Enquiry has already been set up to investigate and report on atmospheric pollution.

In conclusion, attention is drawn to the fact that Leyton is one of the few Boroughs throughout the country which possesses special local powers for smoke prevention not contained in national legislation. Section 50 of the Leyton Corporation Act, 1950, imposes restrictions on the type of new furnaces installed for steam raising in certain types of industrial and commercial buildings. The furnaces must, as far as practicable, be capable of being operated continuously without emitting smoke. Although this Section is not applicable to domestic premises, the desirability of installing appliances suitable for smokeless fuel in new housing will no doubt be borne in mind by the appropriate Department of the Council when plans for future housing development in the Borough are considered.

Prior approval of proposed fuel burning installations should be regarded as supplementary to the smokeless zone. As a method of control of atmospheric pollution in an area it is less spectacular and of lesser news value than the smokeless zone, but is more practical in its operation in that control is applied to individual cases as they arise and it consequently produces less opposition and is more practicable than the immediate prohibition of all smoke by one comprehensive enactment. It is one thing to abate smoke to below an accepted nuisance level and another to abolish it entirely as must be done in smokeless zones.



**Investigation carried out in conjunction with the Department of  
Scientific and Industrial Research.**

**INVESTIGATION.**

A description of the procedure adopted for the systematic measurement of the concentration of atmospheric smoke and sulphur dioxide was given in my Report for 1950. Daily observations, which were begun in March 1950, have continued throughout 1953 with the exception of four weeks in March and April, when observations had to be suspended owing to damage to the apparatus by trespassers.

The investigation is carried out in full co-operation with the Fuel Research Station of the Department of Scientific and Industrial Research. A summary of the observations is included in the monthly "Atmospheric Pollution Bulletin" published by the Department. The recording apparatus is situated at the Public Health Department, Sidmouth Road, E.10.

The following tables show the results recorded during 1953, together with the corresponding figures for 1952. No results are available for the month of March, 1953; and the figures for April relate to 14 days only.

**CONCENTRATION OF SMOKE EXPRESSED IN MILLIGRAMS PER  
100 CUBIC METRES.**

Month	Monthly average		Highest daily average		Lowest daily average	
	1952	1953	1952	1953	1952	1953
January ... ..	35.3	48.7	89.7	162.6	14.4	9.0
February ... ..	43.7	26.3	79.6	60.1	17.5	10.5
March ... ..	30.6	...	110.5	...	12.7	...
April ... ..	17.6	12.5	36.1	28.9	3.9	4.7
May ... ..	5.8	4.9	12.0	16.2	1.9	1.9
June ... ..	5.0	4.0	9.6	7.6	2.9	0.5
July ... ..	3.5	3.1	7.6	5.6	0.7	0.5
August ... ..	5.6	3.7	12.5	5.6	1.4	2.0
September ... ..	10.3	6.5	20.1	21.4	5.1	1.5
October ... ..	26.2	26.3	111.9	71.4	8.4	4.4
November ... ..	39.0	36.6	94.6	115.6	5.7	12.1
December ... ..	59.5	36.7	219.5	56.8	8.1	22.0

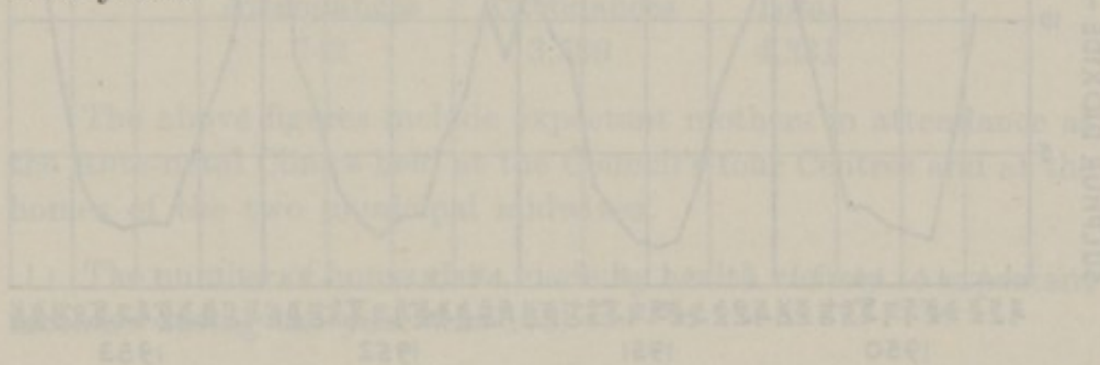
CONCENTRATION OF SULPHUR DIOXIDE EXPRESSED AS PARTS PER  
100 MILLION.

Month	Monthly average		Highest daily average		Lowest daily average	
	1952	1953	1952	1953	1952	1953
January ... ..	8.5	13.7	20.1	45.9	4.5	3.6
February ... ..	10.7	8.8	29.9	24.3	4.3	3.5
March ... ..	7.1	...	16.5	...	1.6	...
April ... ..	5.5	4.5	10.7	13.3	1.2	1.2
May ... ..	2.7	2.3	6.2	5.8	1.2	1.1
June ... ..	2.6	2.4	4.2	5.6	1.7	0.4
July... ..	1.8	2.1	4.1	3.2	0.5	0.2
August ... ..	2.5	2.5	4.6	3.9	0.9	1.6
September ... ..	3.6	3.7	6.2	9.4	1.5	1.7
October ... ..	6.7	7.7	15.3	18.8	3.6	3.1
November ... ..	8.7	12.5	22.4	29.2	3.4	4.6
December ... ..	17.1	13.2	64.0	21.6	4.0	4.9

The total amount of smoke pollution recorded during the year was 16.7 per cent. less than in 1952. The concentration during December 1953 was abnormally low—only a little more than half that recorded during December, 1952. This reduction was no doubt due to the mild weather which prevailed during December 1953, compared with the very cold, foggy conditions of the previous year. The total amount of sulphur dioxide recorded in 1953 was slightly greater (4.3 per cent.) than in 1952.

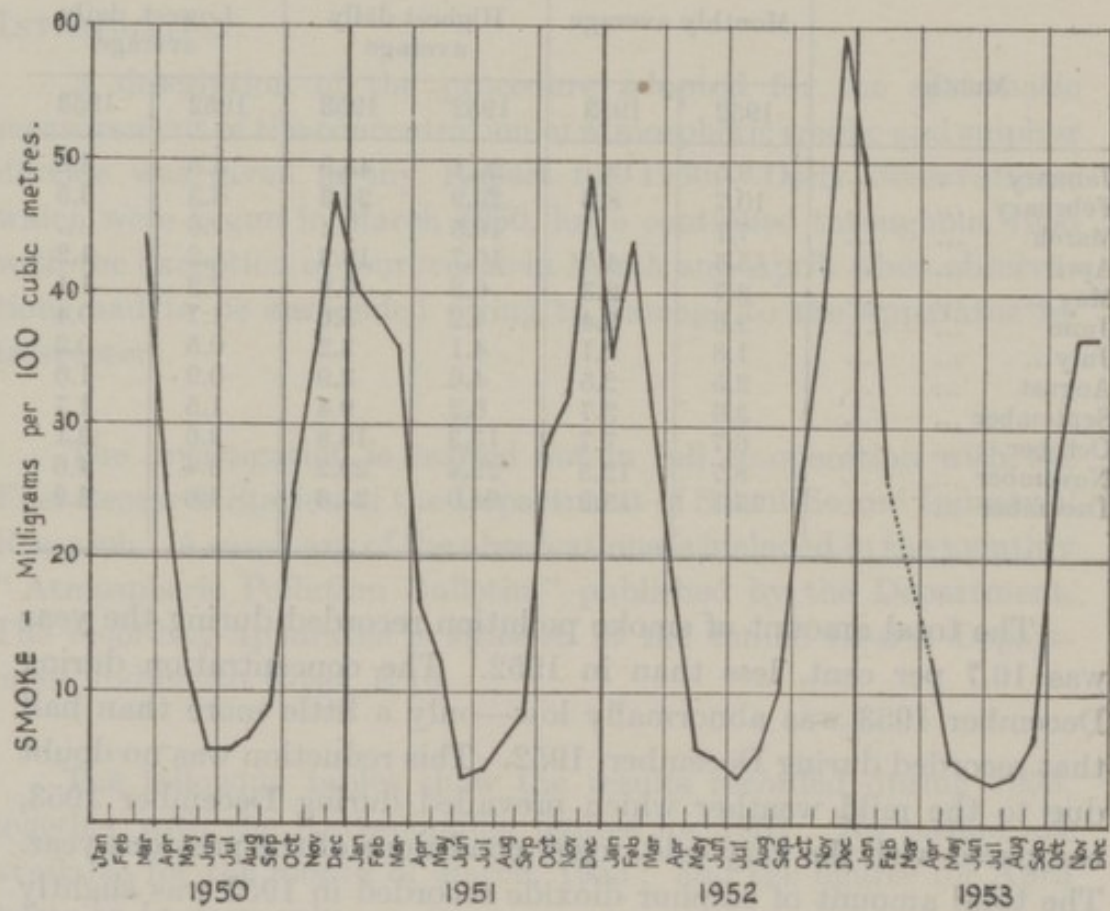
At the request of the Director of Fuel Research, a special additional investigation was undertaken in April and was continued throughout the year. This involved the daily determination of the amount of both "fixed" and "free" acids in the air, and also the amount of atmospheric ammonia.

The following graphs show the annual and monthly variations of smoke and sulphur dioxide pollution during each of the past four years.

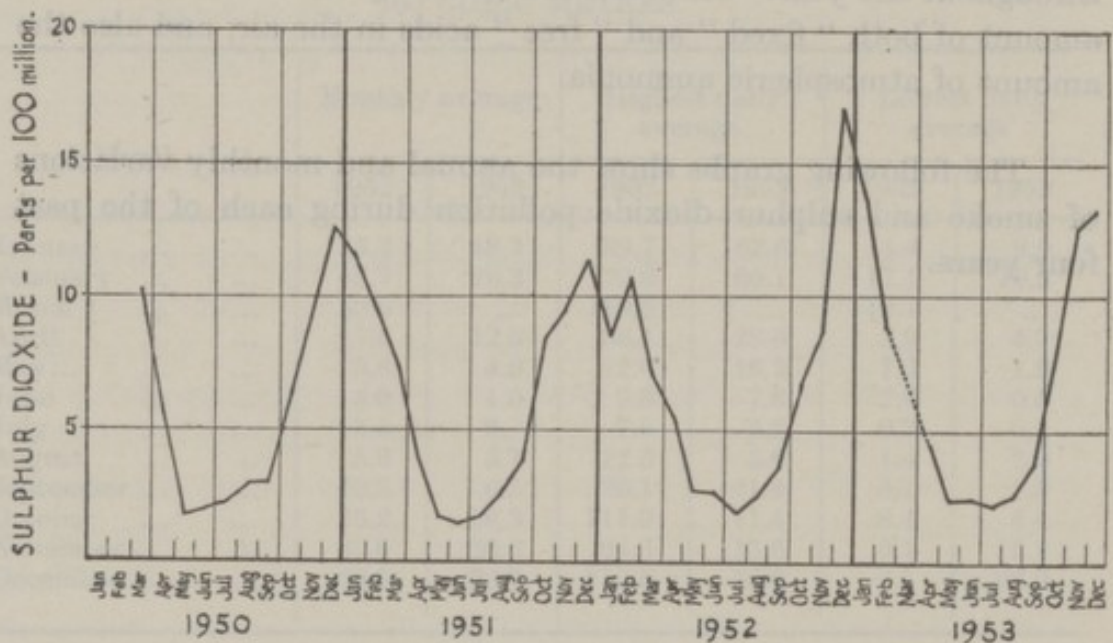




### ANNUAL VARIATION OF SMOKE



### ANNUAL VARIATION OF SULPHUR DIOXIDE



# National Health Service Act, 1946

## Part III

### SECTION 21

#### HEALTH CENTRES.

There are three Health Service Clinics in the area, situate as follows :—

Leyton Green Road, Leyton, E.10.	(Opened in 1933).
Granleigh Road, Leytonstone	( „ „ 1935).
Dawlish Road, Leyton	( „ „ 1951).

On the following page is shown in tabular form the various Clinic Sessions held.

### SECTION 22

#### CARE OF MOTHERS AND YOUNG CHILDREN.

##### Births.

1,279 births were registered during the year :—

		Males	Females	Total
Legitimate	... ..	645	594	1,239
Illegitimate	... ..	20	20	40
		—	—	—
		665	614	1,279
		—	—	—

The birth rate per 1,000 of the population was thus 12.39.

1,300 notifications of births were received during the year :—

From medical practitioners	... ..	29
From midwives	... ..	1,271

##### Ante-natal Clinics.

##### ATTENDANCES.—

First	Subsequent	Total
Attendances	Attendances	
742	3,589	4,331

The above figures include expectant mothers in attendance at the Ante-natal Clinics held at the Council's four Centres and at the homes of the two municipal midwives.

The number of home visits made by health visitors to expectant mothers during the year was 178.



HEALTH CLINICS—CLINIC SESSIONS

Health Clinic		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
LEYTON GREEN Leyton Green Road, E.10. (LEYtonstone 3650, Ext. 267)	A.M.	Dental Minor Ailment	Dental Orthoptic Minor Ailment	Dental Minor Ailment Orthoptic Ophthalmic	Dental Minor Ailment Ante-natal	Dental Minor Ailment Ophthalmic Orthoptic	Minor Ailment Dental
	P.M.	Dental Infant Welfare	Dental Infant Welfare	Dental Orthoptic Infant Welfare Ophthalmic	Dental Immunisation P.N. (2nd and 4th) A.N. Exer. Orthopaedic (1st Thurs.)	Dental Orthoptic Special Medicals A.N. Exer. (Alt. Fridays)	
PARK HOUSE Granleigh Road, E.11. (LEYtonstone 3650, Ext. 268)	A.M.	Dental (1) Minor Ailment Ante-natal (2nd and 4th) Oral Hygiene	Dental (1) Oral Hygiene Minor Ailment	Dental (1) & (2) Minor Ailment Oral Clinic	Dental (1) Oral Hygiene Minor Ailment	Dental (1) Oral Hygiene Minor Ailment	Dental (1) alternate Minor Ailments Oral Hygiene (Alt.)
	P.M.	Dental (1) & (2) Ante Natal Exercises	Dental (1) Oral Hygiene Infant Welfare	Dental (1) & (2) Infant Welfare	Dental (1) Oral Hygiene Infant Welfare	Dental (1) Immunisation Ante Natal Exercises	
DAWLISH ROAD Dawlish Road, E.10. (LEYtonstone 3650, Ext. 287)	A.M.	Minor Ailment Dental (1) Dental (2)	Dental (1) Dental (2) Minor Ailment	Dental (1) Dental (2) Minor Ailment Ante-natal Toddlers	Dental (1) Minor Ailment	Dental (1) & (2) Minor Ailment B.C.G.	Minor Ailment
	P.M.	Dental (1) & (2) Infant Welfare Foot Clinic	Dental (1) & (2) Immunisation	Dental (2) Foot Clinic	Infant Welfare Foot Clinic	Dental (1) & (2) Foot Clinic Ante Natal Exercises	
	Evening	Foot Clinic			Foot Clinic		

### Ante-natal Exercises for Expectant Mothers.

Recent developments in obstetrics have shown that labour is easier and less painful, and convalescence shorter, in the case of women who have practised certain exercises—especially relaxation exercises—during pregnancy.

In order to be in a position to provide the necessary facilities, arrangements were made for a special course of instruction to be given to local health visitors at S.E. Essex Technical College. After the health visitors had completed the course of training, arrangements were made for a special weekly session of one hour's duration to be held at each of the three clinics in this area (Leyton Green, Park House and Dawlish Road). During these sessions instruction in ante-natal exercises is given to expectant mothers by health visitors who have undergone a special course of training in this work.

It is considered that these exercises are beneficial to all primiparae, unless in cases where there is some contra-indication on medical grounds. The best time to begin the course is from the third to fifth month of pregnancy, and there are some 12 weekly lessons. Classes are held at the following times :—

Leyton Green Clinic	...	Thursdays	2.30 to 3.30 p.m.
Park House Clinic	...	Fridays	2.30 to 3.30 p.m.
Dawlish Road Clinic	...	Fridays	2.30 to 3.30 p.m.

The first sessions were held on Thursday and Friday, 15th and 16th January, 1953, and the domiciliary midwife who has been booked for the confinement co-operates in the arrangements.

Early in December, 1952, a letter outlining the arrangements had been addressed to all Leyton doctors who have undertaken to provide maternity medical services.

Since the arrangements became available some 75 expectant mothers have made 497 attendances; and, as far as can be judged from unsolicited testimonials, the facilities are much appreciated by expectant mothers.

### Child Welfare Clinics.

On page 112 will be found a Table giving detailed information regarding the attendances of infants and children at the child welfare clinics during the last three years.



ATTENDANCES, EXAMINATIONS, ETC., 1951—1953.

	Leyton Green			Park House			* Dawlish Road			All Centres		
	1951	1952	1953	1951	1952	1953	1951	1952	1953	1951	1952	1953
Under 1 year—												
1st attendances ... ..	487	413	344	573	506	472	46	262	251	1,106	1,181	1,067
Subsequent attendances...	6,345	6,275	4,904	6,797	6,108	5,880	650	3,641	3,742	13,792	16,024	14,526
Total attendances ... ..	6,832	6,688	5,248	7,370	6,614	6,352	696	3,903	3,993	14,898	17,205	15,593
1-5 years—												
1st attendances ... ..	96	60	67	89	85	69	17	79	40	202	224	176
Subsequent attendances...	3,343	2,161	2,475	3,090	2,669	1,995	355	2,007	2,129	6,788	6,837	6,599
Total attendances ... ..	3,439	2,221	2,542	3,179	2,754	2,064	372	2,086	2,169	6,990	7,061	6,775
Total attendances, both age groups ... ..	10,271	8,909	7,790	10,549	9,368	8,416	1,068	5,989	6,162	21,888	24,266	22,368
Average attendance per session at Infant Clinics	56.12	48.36	46.92	54.15	52.08	48.93	31.38	54.6	48.9	53.27	51.68	48.31
Number examined by clinic doctor ... ..	3,451	2,942	2,601	3,631	3,376	2,601	398	1,768	1,726	7,480	8,086	6,524
Number weighed ... ..	10,363	8,906	7,783	10,581	9,492	9,163	1,085	5,951	6,164	22,029	24,349	23,110

\* Dawlish Road Clinic was opened to the public on 22nd September, 1951.

**Post-natal Clinic.**

	Leyton Green Clinic	Lady Raleigh Training Home	Total
No. of Sessions ... ..	15	20	35
Letters of Invitation... ..	235	172	407
First Attendances ... ..	111	102	213
Re-Attendances ... ..	87	148	235

Conditions found on examination :—

	Leyton Green Clinic	Lady Raleigh Training Home
Subinvolution of the uterus	1	5
Cystocele and rectocele ...	6	4
Retroversion of uterus ...	10	11
Anaemia ... ..	...	3
Breast complications ...	...	1
Vaginitis ... ..	6	3
Deficient perineum ...	1	2
Erosion of cervix uteri ...	20	...
(a) Not requiring treatment	...	7
(b) Requiring treatment ...	...	11
Prolapse ... ..	1	1
Miscellaneous ... ..	...	...
Pruritus, obesity etc. ...	...	5
Pregnancy ... ..	1	...

**Care of Premature Infants.**

The term "premature infants" refers to babies weighing 5½ lbs. or less at birth, irrespective of period of gestation. Stillbirths are excluded.

- (a) Number of premature infants notified during the year (including transferred notifications) whose mothers normally reside in the Authority's area.
- |                                      |    |
|--------------------------------------|----|
| (1) Born at home...                  | 25 |
| (2) Born in hospital or nursing home | 67 |
- (b) Premature infants born in the area (whether their mothers normally reside in the area or not) but excluding babies born in maternity homes and hospitals in the National Health Service.
- 25



	Born at Home					Total
	Transferred to Hospital	Nursed Entirely at Home				
		Died in First 24 hours	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	
3lb. 4oz. or less ...	1	...	1	...	...	2
3lb. 5oz.—4lb. 6oz. ...	...	...	...	...	2	2
4lb. 7oz.—4lb. 15oz. ...	...	...	...	...	4	4
5lb.—5lb. 8oz. ...	2	...	1	1	13	17

### Puerperal Pyrexia.

Forty-four cases of puerperal pyrexia were notified during the year.

### Maternity Mortality.

There were no maternal deaths of Leyton residents during the year.

### Dental Treatment.

#### REPORT BY THE AREA DENTAL OFFICER (MR. A. E. HALL).

Inspection and treatment was given to all expectant and nursing mothers and pre-school children referred to the dental officers by medical officers at the three local authority clinics, and many pre-school children, who had been treated in the past, were brought back for re-inspection and treatment if necessary.

The oral hygienist (Miss Watts) saw many of these mothers for prophylactic work, and gave talks on dental hygiene. The long-term value of this aspect of dentistry cannot be easily estimated, but there can be no doubt that an educational service of this kind is bound to do much to establish the habit of regular care of the teeth, coupled with periodical visits to the dentist for inspection, instead of the old method of waiting for pain to announce the onset of trouble. Many teeth, which could not be filled due to advanced decay in the mouths of young children, were saved temporarily by the application of silver nitrate, thus avoiding extraction and eliminating one predisposing cause of irregularity in the second dentition.

## (A) NUMBERS PROVIDED WITH DENTAL CARE.

	Examined	Needing treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers ... ..	144	142	142	130
Children under five ... ..	502	484	484	410

## (B) FORMS OF DENTAL TREATMENT PROVIDED.

	Extractions	Anaesthetics		Fillings	Scalings or Sealing and Gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	250	75	51	95	65	7	179	36	8	8
Children under five ... ..	802	72	297	221	1	861	305	3	...	...



With a staff of dental officers more nearly approaching establishment it would be possible to recall these very young children for examination every three months, and so enable them to preserve their temporary dentition until the natural time for shedding.

All children referred from day nurseries were seen and treated at the dental clinics.

### Orthopædic Treatment.

PRIMARY EXAMINATIONS.—During the year 23 children were referred from the Child Welfare Clinics to the Orthopædic Surgeon.

The following conditions were found :—

Pes plano valgus	...	...	...	...	9
Pes plano valgus with marked intoeing	...				1
Genu-valgum	...	...	...	...	2
Genu-valgum with pes planus	...				2
Genu varum	...	...	...	...	1
Varus deformity	...	...	...	...	2
Talipes calcaneo valgus	...	...	...	...	2
Dorsiflexion—both feet	...	...	...	...	1
Trigger thumb	...	...	...	...	1
Bowed tibia	...	...	...	...	1
Overriding toes	...	...	...	...	1

RE-EXAMINATIONS.—In addition to the 23 new cases mentioned above, 19 children under five years of age attended for re-examination by the Orthopædic Surgeon.

The following conditions were seen at re-inspections :—

Pes plano valgus	...	...	...	...	8
Genu valgum	...	...	...	...	1
Intoeing	...	...	...	...	1
Talipes calcaneo valgus	...	...	...	...	2
Digitus varus	...	...	...	...	1
Congenital mid tarsal varus	...				1
Pes plano valgus and genu valgum	...				3
Torticollis	...	...	...	...	1
Lymphatic cyst	...	...	...	...	1

### PROVISION OF WEDGES.

Wedges to boots were supplied in respect of 25 children.

**X-RAYS.**

Arrangements were made for two children to be X-rayed.

**ADMISSION TO HOSPITAL.**

One child under 5 years of age was admitted to hospital for operative treatment to trigger thumb.

**Physiotherapy.**

One child was referred to hospital for treatment.

**Special Eye Clinic.**

The Consultant Ophthalmic Surgeon had referred by the Clinic Medical Officers 51 pre-school children, who made 81 attendances for examination and treatment.

**Convalescent Home Treatment.****CHILDREN.**

Six children recommended by the clinic medical officers were sent to convalescent homes.

**MOTHERS AND CHILDREN.**

Arrangements were made for three mothers and their children to have a period of convalescence.

**Ophthalmia Neonatorum.**

No. of Cases Notified	Treated		Vision Un-impaired	Vision Impaired	Total Blindness	Deaths
	At Home	In Hosp.				
1	...	1	1	...	...	...

**Infant Neo-natal and Foetal Mortality.**

Year	Live Births	Deaths under		Mortality Rate		Stillbirths	
		1 year	4 weeks	Infantile	Neo natal	No.	Rate per 1,000 (live and still) Births
1950	1,447	29	22	20.04	15.20	27	18.31
1951	1,311	27	17	20.59	12.96	31	23.1
1952	1,355	37	24	27.30	17.71	30	21.66
1953	1,279	30	21	23.45	16.05	29	22.17



### Day Nurseries.

There are two Day Nurseries in the area, each having accommodation for 60 children, of whom 20 are 0-2 years, and the remainder 2-5 years.

- (1) Ellingham Road Day Nursery,  
Ellingham Road, Leyton, E.15. (Tel. MARYland 3683).
- (2) Knotts Green Day Nursery,  
Leyton Green Road, Leyton, E.10. (Tel. LEYtonstone 4100).

### Day Nursery Facilities

#### Introduction of Standard Charge.

Ministry of Health Circular 23/52 authorised the making of charges for Day Nurseries on the basis that the standard charge per day (including charges for meals or articles provided) shall not exceed a sum based on the actual cost of the Council's day nursery services, including a sum representing a fair apportionment of central administration costs; and intimated that it is for the Local Health Authority to determine in each individual case whether any (and, if so, what) charge—within the limits of the standard charge—would be reasonable, having regard to the means of the persons concerned.

The County Treasurer reported to the Health Committee that the average daily cost of Day Nursery facilities, based on the number of places provided, but excluding administrative charges, was 7s. 7d. per place per day for the year ended 31st March, 1952; and the County Council approved the introduction of a charge of 7s. 6d. per full day per child in the Nurseries with effect from 18th January, 1953.

As a result of the introduction of the standard charge, 22 of the 42 persons who were assessed to pay the full weekly charge of £1 17s. 6d. withdrew their children from the Nurseries in the area. The waiting list at Ellingham Road Day Nursery was completely expended, and the list at Knotts Green Day Nursery was reduced to six.

Some idea of the effect of the introduction of the standard charge (on 18th January, 1953) may be obtained from a perusal of

the statistical information submitted in the table appearing on the following page. The table shows—in respect of each of the two Day Nurseries in the area—

- (a) the number of children in attendance, and
- (b) the number awaiting admission,

in the months before, during and after the introduction of the standard charge, and at the end of the year.

It is clear, especially from the serried rows of blanks in the upper part of the waiting-list figures, that the original scheme of categories recommended for priority of admission bears no relationship to conditions now obtaining.

	Knotts Green		Ellingham Road		Total	
	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.	0-2 yrs.	2-5 yrs.
No. of approved places at end of year	15	35	15	35	30	70
No. of children on register at end of year ... ..	13	47	14	46	27	93
Total attendances during year ...	2,539	9,647	2,426	7,403	4,965	17,050
No. of days Open ...	254		255			

#### NATIONAL NURSERY EXAMINATION BOARD.

Four student nurses were successful in obtaining the Certificate of the National Nursery Examination Board during the year.

Since the Nurseries were opened in 1942, out of 59 students who have sat for the examination, 55 have been successful in obtaining the Certificate.



DAY NURSERIES.

Categories	Children in Nursery								Children on Waiting List							
	31 Dec., 52		31 Jan., 53		9 Feb., 53		31 Dec. 53		31 Dec., 52		31 Jan., 53		9 Feb., 53		31 Dec., 53	
	E.R.	K.G.	E.R.	K.G.	E.R.	K.G.	E.R.	K.G.	E.R.	K.G.	E.R.	K.G.	E.R.	K.G.	E.R.	K.G.
1. Employed unmarried mothers who wish to keep their babies with them when not at work ... ..	5	5	3	5	3	5	7	5	...	...	...	...	...	...	...	...
Motherless children ... ..	1	1	2	...	2	...	...	...	...	...	...	...	...	...	...	...
2. Employed widows ... ..	1	4	1	3	1	4	5	7	...	...	...	...	...	...	...	...
Divorced from husbands ... ..	1	1	1	...	1	1	...	...	...	...	...	...	...	...	...	...
Separated from husbands ... ..	8	10	8	6	6	7	9	9	3	...	...	...	1	...	...	...
Deserted by husbands ... ..	...	4	...	4	...	2	...	2	...	...	...	...	...	...	...	...
Those who have children of whom their husbands are not the fathers ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3. Mothers employed in industries vital to production for essential home needs and for exports ... ..	44	30	45	35	44	32	36	33	26	54	...	1	...	2	2	11
4. Mothers who are ill or being confined ...	...	5	...	4	...	5	3	4	...	1	...	2	...	3	...	...
Total ...	60	60	60	57	57	56	60	60	29	55	...	3	...	6	2	11

Abbreviations: E.R. = Ellingham Road Day Nursery.  
K.G. = Knotts Green Day Nursery.

## SECTION 23

## MIDWIFERY.

## Record of Cases attended by Council Midwives, 1953.

	Midwives		Total
	Essex County Council	Attached to the Lady Rayleigh Training Home, Beachcroft Road	
Cases attended :—			
(a) As Midwives ...	97	180	277
(b) As Maternity Nurses	8	24	32
Ante-natal Visits ...	513	727	1,240
Ante-natal Examinations...	780	1,067	1,847
Post-natal Visits ...	1,702	5,421	7,123
Administrations of Gas and Air Analgesia ...	87	119	206
Administrations of Pethidine ...	41	59	100

## ADMINISTRATION OF GAS AND AIR ANALGESIA.

Of the Council's two Municipal Midwives directly employed, both are in possession of the necessary certificate for administration of gas and air analgesia.

The following list shows the number of domiciliary confinements attended by midwives (not including cases attended as maternity nurses) during the year and the number of such cases to whom gas and air analgesia was administered :—

Cases attended as Midwives .. .. .	277
Number of administrations of gas and air analgesia ..	206
Percentage of administrations .. .. .	74.36

## Maternity Sets.

Maternity sets were issued to 246 expectant mothers who were having domiciliary confinement.



**Medical Aid.**

Numbers of cases in which medical aid was summoned by midwives under Section 14 of the Midwives' Act, 1951 :—

(1) Where the Medical Practitioner had arranged to provide the patient with maternity medical services under the National Health Service ... ..	Nil
(2) Others ... ..	98
Total ... ..	98

**Fees paid to Doctors.**

Seventy accounts were received from general medical practitioners for assistance rendered to midwives under the provisions of the Medical Practitioners (Fees) Regulations. The total amount paid to medical practitioners during the year was £207 17s. 0d.

**Midwifery—Institutional and Domiciliary.**

Under the National Health Service all hospital treatment, which includes treatment in a maternity hospital, is free. Although no charge is made to mothers confined at home for the services of doctor and/or midwife, they have to meet many incidental expenses (*e.g.*, cost of domestic help, equipment, food, washing, laundry, etc.) which are avoided by mothers who are confined in hospital. This very obvious discrimination in favour of hospital against domiciliary midwifery is responsible for the progressive relative increase in hospital confinements at the very time when the demand for other hospital beds cannot be met; and the anomaly of the position is bewildering, not only to mothers themselves—and to the doctors and midwives who are prepared to attend them at home—but to the general public.

**DOMICILIARY MIDWIVES.**

Lady Rayleigh Training Home, Beachcroft Road, Leytonstone, E.11 ...	Telephone : LEY 2385
Miss E. Daines, 149, Francis Road, E.10	LEY 4909
Mrs. C. L. Wackett, 111, Fairlop Road, E.11	LEY 4731

## INWARD TRANSFERABLE BIRTHS—1953.

**Births in Institutions, Maternity Homes and private dwellings  
outside the Borough of Leyton during 1953.**

Queen Mary's Hospital, E.15	...	...	...	209
Forest Gate Hospital, E.7	...	...	...	201
Plaistow Maternity Hospital, E.13	...	...	...	18
Wanstead Hospital, E.11	...	...	...	57
Thorpe Coombe Maternity Home, E.17	...	...	...	83
Mounts Bay Maternity Home, E.17	...	...	...	7
Mothers Hospital, E.5	...	...	...	281
Hackney Hospital, E.8	...	...	...	40
Royal Northern Hospital, N.7	...	...	...	2
St. Andrews Hospital, E.3	...	...	...	2
London Hospital, E.1	...	...	...	10
German Hospital, E.8	...	...	...	4
St. Bartholomew's Hospital, E.C.1	...	...	...	3
Bearstead Memorial Hospital, N.16	...	...	...	10
Westminster Hospital, S.W.1	...	...	...	1
University College Hospital, W.C.1	...	...	...	2
Royal Free Hospital, W.C.1	...	...	...	3
Ilford Maternity Hospital, Ilford	...	...	...	4
Mile End Hospital, E.1	...	...	...	4
Maycroft Maternity Home, E.18	...	...	...	3
Queen Charlotte's Hospital, W.6	...	...	...	1
Whittington Hospital, N.19	...	...	...	1
Belsize Grove Maternity Home, Hampstead, N.W.	...	...	...	2
East End Maternity Hospital, E.1	...	...	...	2
St. Margaret's Maternity Home, E.9	...	...	...	1
St. Mary's Hospital, Colchester	...	...	...	1
Guy's Hospital, S.E.1	...	...	...	1
St. George's Hospital, S.W.1	...	...	...	1
Elizabeth Garrett Anderson Hospital, N.W.1.	...	...	...	1
Oldchurch Hospital, Romford	...	...	...	1
Others (private dwellings, etc.)	...	...	...	7
				<hr/>
Total	...	...	...	963



## BIRTHS IN INSTITUTIONS AND MATERNITY HOMES.

The following table shows the percentage of births taking place in other than the patient's home since 1936. The steady increase in the percentage was not maintained during the war years, due to evacuation of expectant mothers, and subsequently due to the shortage of maternity beds in hospitals.

Year	Percentage	Year	Percentage
1936	53.48	1945	65.87
1937	54.01	1946	56.67
1938	56.99	1947	56.29
1939	59.64	1948	63.86
1940	52.32	1949	68.03
1941	62.79	1950	71.18
1942	56.05	1951	69.71
1943	55.86	1952	73.20
1944	68.38	1953	74.07

## SECTION 24

## HEALTH VISITING.

## HEALTH VISITORS.

During the year the Health Visitors made 15,367 visits to homes.

## (a) To expectant mothers :—

First visits	...	...	...	...	119
Total visits	...	...	...	...	178

## (b) To children under 1 year of age :—

First visits	...	...	...	...	1,309
Total visits	...	...	...	...	6,897

## (c) To children between the ages of 1 and 5

years	...	...	...	...	5,189
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## (d) Other visits :—

Whooping cough	...	...	...	...	10
Measles	...	...	...	...	7
Ophthalmia neonatorum	...	...	...	...	...
Discharging eyes	...	...	...	...	27
Diarrhoea	...	...	...	...	...
Puerperal Pyrexia	...	...	...	...	16
Children's Act	...	...	...	...	16
After deaths	...	...	...	...	51
After stillbirths	...	...	...	...	29
Miscellaneous	...	...	...	...	761
Ineffective	...	...	...	...	2,069
Old people	...	...	...	...	39
Hospital follow-up	...	...	...	...	78

## Chest Clinic.

In addition to the above the Health Visitors attached to the Chest Clinic at 180, High Road, Leyton, interviewed 3,374 patients at the Chest Clinic, made 3,385 home visits and interviewed 3,050 patients at home.



## THE HEALTH VISITOR.

(Report by Dr. Mary Gilchrist)

Recently there has been much controversy about the function of the Health Visitor, and the training and experience she should have. Some have gone so far as to state that she should not be a State Registered Nurse, should have a minimum of nursing training, and go on to a University for a Social Science Course and then become the "Social Worker" visitor in an area. Those who advocate this course have lost sight of the "universal" function of the health visitor.

The health visitor goes to every home where a newly-notified birth has been recorded, and it is her duty to follow up that child until it enters school; and then, if she does combined duties under the National Health Service Act and the Education Act, she will continue to see the child in school. She should be the guide, philosopher and friend of the parent and the child. She gains her entry to the home primarily because she can help the mother with the management of the child's physical needs. Nowadays, with small families the rule rather than the exception, many young mothers have no previous experience of handling a young infant, and they are greatly helped by the reassurance which the experienced health visitor can give. All Training and Refresher Courses for health visitors now emphasise the importance (for future mental health) of the proper handling of the young infant emotionally, and this aspect of their work is likely to grow in importance as its significance becomes more widely appreciated.

What has to be realised by the administrator and teacher, outside of the actual field of work of the health visitor, is that only a very small proportion of the visiting deals with problem families (except in an exceptionally bad social-problem area of a town). It is known that these families take up a disproportionate amount of the health visitor's time, but the greatest contribution is really made in preventing her "border line" families from becoming fully developed problem families, and her contact with this group is made primarily because she is a nurse. The social worker can deal only with the developed case and rehabilitation, but the health visitor is the preventive worker, and I cannot see how a social worker can take her place in this respect.

The health visitor is also the interpreter to the family of the social and preventive Health Services provided by the local authority, and she could be of great assistance to the general practitioner in these cases where advice and support is needed as distinct from the actual nursing work carried out by District Nurses who have a quite different function to perform.

The duties of the health visitor cover many fields: care of mothers and young children, responsibility for the supervision of the health and hygiene of the school child, care and after-care of tuberculous patients and liaison with the Chest Clinic physician, responsibility for after-care visits to discharged hospital patients, and increasingly advising on the care of the aged in their own homes; and along with all this continual "Health" education of families in her district—not only in physical matters but in the factors nowadays considered important in promoting mental well-being.

To do this exacting work, the practitioner of it requires not only the specialised training as given in the very exacting Health Visitor's Certificate Course, but the right personality and a sense of vocation if she is to influence profoundly the families in her care. She has a preventive function to perform—to see that the borderline problem family is enabled to help itself before it falls into the category requiring the care of the social worker, probation officer and others, and for this her personality and prestige is all-important. We in Leyton are well served by the team of Health Visitors (never unfortunately at full strength) we have working for us here.

There is another function the health visitor has lately been called upon to perform to an unusually marked degree and that is in a collection of information for Medical Research projects.



## MEDICAL RESEARCH.

Medical Research is generally recognised to be of two more or less distinct kinds :—

- (i) Clinical or bedside research, carried out by hospital and laboratory staff; and
- (ii) Epidemiological or social research, the sphere of those who are concerned with preventive medicine and the public health.

Before the second world war much valuable research work was carried out by the members of the medical staff of the Public Health Department, and the Annual Reports of the Medical Officer of Health of that time contained the results of many valuable pieces of research undertaken and completed by the staff.

During my tenure of office in Leyton I have been fortunate in being associated with colleagues who have been not only well qualified to take part in research work, but keen at all times to undertake special investigations of current interest without any consideration as to whether the work either could or should be done in Council hours or at home. The Annual Reports of the Medical Officer of Health of Leyton used to be substantial publications of more than 200 pages, of which a large proportion was devoted to the results of special investigations carried out by the staff of the Health Department. Unfortunately the war, and the shortage of paper, caused strict curtailment of these Annual Reports, and they have not yet recovered their pre-war position as repositories of local epidemiological research and special investigation. One reason may be that the initiation of the National Health Service, and the upheaval it caused in health departments, has interfered with the keenness of health officials to add to the already great amount of paper work.

One of the most salutary effects of the National Health Service is that it has led to the "discovery" by medical research workers outside the Local Government field of the Health Visitor and to the use by them of her unrivalled knowledge of the family in the home in the setting up of the many and varied enquiries on subjects of medical and social interest. So many demands have been made in the last year or so by outside organisations that no research work initiated locally could have been carried out. However, as the research work initiated by these outside bodies would ultimately



be of use, when the results were tabulated and summarised, to the preventive services, no one grudged the time spent on visiting the homes and completing the questionnaires (many at great length) and arranging medical examinations, etc., if such were required by the authority interested in the research.

In Leyton since 1946 the staff have assisted in the following projects :—

1. A survey of social and economic aspects of pregnancy and childbirth undertaken by a joint committee of the Royal College of Obstetrics and Gynaecology and the Population Investigation Committee. This consisted at first of visiting and obtaining much information about every child born in Leyton during one week in March, 1946. Every area of the country took part in this survey and much useful information was obtained, since reported upon in the medical press. These children are still being followed up and the survey is now being carried on by the Population Investigation Committee, the Society of Medical Officers of Health and the Child Health Institute of the University of London. There are some 13-14 children still under review in Leyton, reported on by the School Medical Officer, the Health Visitor and the School Nurse. Now that these children are in school, information on their progress is available.

2. In August, 1950, the Tuberculosis Research Unit of the Medical Research Council initiated a very useful piece of research work into the preventive aspect of B.C.G. inoculations given to school leavers in secondary schools. Leyton was one of the areas chosen to participate in the work. It started in 1950, and still continues. Some 250 children are in this investigation. They are visited twice yearly by the Health Visitor/School Nurse, and twice yearly four evenings are given up to helping at the skin testing and X-ray sessions when the Medical Research Council Tuberculosis Research Units visits Leyton. This piece of research work into the value of B.C.G. vaccination is of great interest, and its results, which will not be completed for another two years at least, are eagerly awaited as upon the findings of the work will depend future policy as regard the giving of B.C.G. vaccination to susceptible members of the population.

3. In 1952 we agreed to take part in a survey initiated by the Institute of Preventive Medicine in Cardiff whereby all children



born in 1952 were visited once a month in order to record the illnesses experienced by that child each month until the child was one year old.

This proved a very heavy burden indeed and entailed much more work than had been expected, especially as the Health Visiting staff was never at full strength. The work began on 1st January, 1952, and was completed by 31st December, 1953.

4. In September, 1952 we were asked to participate in a special enquiry into the causes of prematurity, conducted by the National Birthday Trust Fund. This entailed the visiting of 34 cases and completion of certain forms. This enquiry was completed in June, 1953.

5. Information has been collected, for the Ministry of Health and Medical Research Council, on the incidence of a special form of blindness (Retrolental fibroplasia) occurring in very small premature infants. All premature infants born in 1951 of a certain birth weight, surviving more than two months, were visited and the questionnaire completed for each child. Twenty-six children were so reported upon. This was carried out in December, 1952.

6. Information is being collected for the Department of Surgery, Guy's Hospital, at present on children who have never received breast milk. This is a very small survey and does not entail much work.

7. Since 1949 reports upon all pregnant women who have suffered from a virus infection such as German Measles, mumps, measles and chicken pox are being sent to the Ministry of Health. This is a very small number and does not entail much work.

In the last few years our Health Visitors/School Nurses have been engaged in many pieces of research work. Some of this work has tended to harass our Health Visiting Staff overmuch and in future such heavy commitments will not be accepted.

## SECTION 25

## HOME NURSING.

The County Council has made arrangements for Home Nurses to nurse sick persons in their homes. The services of these nurses are available free of cost on the recommendation of the family doctor.

The local centre for this service is :—

The Lady Rayleigh Training Home,  
Beachcroft Road, Leytonstone, E.11.  
(Tel. : LEY 2385)

During 1953 the following work was carried out :—

No. of new cases (surgical and medical) . . . 1,942

No. of visits paid to above . . . . . 56,213



## SECTION 26

## VACCINATION AND IMMUNISATION.

## Vaccination against Smallpox.

## NUMBER OF PERSONS VACCINATED (OR RE-VACCINATED)

	Age at date of vaccination				Total
	Under 1 year	1—4 years	5—14 years	15 years or over	
Vaccinated ...	362	39	16	73	490
Re-Vaccinated ...	...	5	16	202	223

## Diphtheria Immunisation.

	Age 0-5 years	Age 5-15 years	Total
1. Number of children who completed the course of immunisation during the year :			
(a) At Municipal Clinics ... ..	743	26	769
(b) By Private Practitioners ... ..	297	16	313
2. Number of children who were given a secondary or reinforcing injection (i.e., subsequent to complete full course) ...	44	363	407
3. (a) Approximate estimated child population at end of year ...	7,720	13,839	...
(b) Percentage of child population considered to be immunised at end of year ... ..	52.46	88.1	...

## PERCENTAGE OF SCHOOL CHILDREN IMMUNISED.

	Entrants			Second Age Group			Third Age Group		
	No. Exmd.	No. Im-munised	%	No. Exmd.	No. Im-munised	%	No. Exmd.	No. Im-munised	%
1945	693	487	70.2	965	779	80.7	743	561	75.5
1946	1,240	919	74.1	1,191	889	74.6	913	634	69.4
1947	2,465	1,866	75.7	994	834	83.9	208	121	58.1
1948	1,200	914	76.1	1,062	879	82.7	1,018	752	73.8
1949	773	594	76.3	1,041	835	80.0	1,117	815	72.9
1950	1,405	1,061	75.5	1,237	951	76.0	1,079	880	81.5
1951	1,460	1,108	75.9	968	747	77.2	1,065	822	77.2
1952	1,939	1,492	76.9	855	696	81.4	1,123	919	81.8
1953	1,680	1,438	85.59	1,271	1,019	80.2	1,587	829	76.3

## INCIDENCE AND MORTALITY FROM DIPHTHERIA.

Since the year 1935, when diphtheria immunisation was begun in Leyton, over 25,000 children in the area have been immunised against diphtheria. During that time the annual number of persons notified to be suffering from diphtheria has fallen from 276 in 1935 to 0 in 1953 : and the number of deaths from 8 in 1935 to 0 in 1953. In the last five years only one Leyton child has been notified to be suffering from diphtheria, and for the sixth year in succession no Leyton child has died from the disease.

The following are figures for deaths and notifications since 1944.

Year	Deaths		Corrected Notifications	
	England and Wales	Leyton	England and Wales	Leyton
1944	934	1	23,199	24
1945	722	2	18,596	43
1946	472	1	11,986	38
1947	244	1	5,609	9
1948	156	...	3,575	5
1949	84	...	1,890	...
1950	49	...	962	...
1951	33	...	664	1
1952	32	...	376	...
1953	24*	...	240*	...

\*Provisional.

The number of children immunised under local authority arrangements (including those immunised by the family doctors for which records were received by the local authority) from the beginning of 1940 to the 30th June, 1953, was 10,569,796 (21,485 in Leyton). During the first half of 1953, 270,584 (688 Leyton) children were immunised, of whom 103,123 (347 Leyton) were under one year of age.

The object of the campaign remains the same : to secure immunisation of not less than 75 per cent. of babies before their first birthday. Having regard to the birthrate during 1953, the immunisation objective for 1954 is 498,000 children under one year. Only 28 per cent. of the number of babies reaching the age of one year in 1951 were immunised ; in 1952 the figure rose to 31 per cent. but in the first half of 1953 it improved only to 31.5 per cent. This is still a disturbingly low figure.



As elimination of this disease is conditional upon the maintenance of an adequate level of immunisation, an intensive effort will be required to secure the full benefit of the campaign. If parents leave their children unprotected there may be a return of diphtheria outbreaks, as exemplified during a recent outbreak in the Midlands, where among 78 cases there were 6 deaths—all of them children who had not been immunised.

### Diphtheria Immunisation.

	Number of Children considered to be Immunised at end of Year	
	0—5 years	5—15 Years
1935 ... ..	154	690
1936 ... ..	307	1,348
1937 ... ..	485	1,890
1938 ... ..	603	2,883
1939 ... ..	528	3,017
1940 ... ..	463	3,169
1941 ... ..	840	4,059
1942 ... ..	1,469	5,137
1943 ... ..	2,769	7,875
1944 ... ..	2,688	8,166
1945 ... ..	3,304	8,056
1946 ... ..	4,141	8,017
1947 ... ..	4,423	8,645
1948 ... ..	5,381	8,814
1949 ... ..	5,413	9,553
1950 ... ..	5,384	9,814
1951 ... ..	5,148	10,486
1952 ... ..	3,888	11,728
1953 ... ..	4,050	12,203

### Protection against Whooping Cough.

In recent Annual Reports I have submitted information regarding the controlled investigation into the efficacy of whooping cough vaccines, undertaken in collaboration with the Medical Research Council. The full results of the investigation will not be available for some time, but those available so far show that the incidence and severity of whooping cough in the protected groups have been appreciably less than in the control groups.

Arrangements for public whooping cough immunisation in the area were put into operation on 10th September, 1951, and the following table gives the available information regarding the number and age groups of the children who were immunised during 1953.

	Under 1 year	1—4 years	5—14 years	Total
*Number of children who completed the course of immunisation during the year	453	337	57	847

\* These figures include inoculations given by private medical practitioners under the County Council Scheme from 1.4.53.

The protection is conferred by three injections of whooping cough vaccine at intervals of four weeks. Because the period of highest mortality from whooping cough is during the first six months of life it is recommended that immunisation should be begun as early as possible, even at as young an age as two months.

#### **Protection against Tuberculosis by B.C.G. Vaccine.**

In April, 1952, the approval of the Ministry of Health was received for Dr. Emslie to carry out B.C.G. vaccination in Leyton. Thereafter arrangements were made for her to undertake—at the Essex County Health Services Clinic, Dawlish Road—the preliminary testing of susceptibility of all Leyton contacts of tuberculosis under school leaving age, the immunisation by B.C.G. vaccine of those found to be susceptible, and the subsequent follow-up and testing of immunised contacts.

I submit Dr. Emslie's report on this work for the year 1953 :—

“ At present this is restricted to children who are, or are likely to be, in contact with the disease ; but it is hoped that in the near future we shall be able to offer protection to those about to leave school whether or not they have a known source of infection. At this age young people are particularly susceptible to infection, and may unwittingly come in contact with the disease at work or during travel.

“ The total number of children who came for vaccination against tuberculosis in 1953 was 215. Of these, 53 were found to be ‘ Mantoux positive ’ and therefore unsuitable for vaccination ; six were postponed for various reasons (usually illness of some X-ray abnormality); and 23 withdrawn without having been vaccinated. The remaining 133 were vaccinated after having had a negative X-ray report and a negative



Mantoux test (1 in 100)—except new born babies. All except six of the 133 have been tested and found to be Mantoux converted since vaccination. Of the six untested cases, three refused further testing, one ignored several appointments, and two have removed from the district. No child has been found not to be Mantoux converted after vaccination.

“No serious complications have occurred among the vaccinated. An enlarged gland in the axilla was found in 20 cases, varying in size from just large enough to be felt to the size of a bean. In no case was there softening of the gland or discharge from it; but in two cases there was a rather deep ulcer which filled up and healed. In the other cases the reaction was trivial.

“Mantoux tests a year or more after vaccination have been done on 17 of the cases vaccinated in 1952, to see whether sensitivity had been maintained. We have not been successful in persuading all mothers to bring their children for re-testing a year after vaccination. It is perhaps natural that they feel further testing should not be necessary, and in fact the Mantoux test was definitely and often markedly positive in all cases tested a year or more after vaccination.

“It is not proposed to repeat the test if the reaction is still positive at the end of the year; but parents are advised to have their children re-tested about the age of 11 years and re-vaccinated then if necessary.

“B.C.G. vaccination is only one of several factors in the prevention of tuberculosis, and no spectacular results are to be expected—at least in the near future. It is nevertheless one of the most important specific measures in the prevention of disease, and should have a prominent place in public health propaganda.

“It is worth noting that, of the 53 children who were not vaccinated because they had already absorbed the infection, 14 were under the age of five years and therefore at an age when infection was dangerous.

“Except for cases we may come across in our own district, we at Dawlish Road Clinic are dependent for the direction of cases to us primarily on the staff of the Chest Clinic who have first hand information about the location of sources

of infection. Many cases have been sent to us also by the Local Authority medical staff, Health Visitors, and School Nurses of the other districts in Leyton. The co-operation of all these is essential and very much valued.

"It would not have been possible to have tested and vaccinated so many cases if all Clinic sessions had not been made available for this work instead of occasional sessions only. This has meant additional work for the nursing staff in daily or twice daily sterilising of instruments and laying out of materials; and it is due to them to record with appreciation that this has always been done most willingly and that co-operation generally has been enthusiastic."

Prior to 1953 the treatment facilities were confined to Leyton residents, and the production of national identity cards was a condition of eligibility for treatment. In 1953, with the implementation of the first five years' section of Part III of the National Health Service Act, the service became national instead of local. The extent to which dental practices take advantage of the hospital facilities may be judged from the fact that of 1,325 new patients who attended during the year 1953-54, 600 were residents outside the Borough.

Towards the end of 1951 the Health Authority approved my suggestion that in order to overcome accumulating arrears of work, a temporary post should be established in a dental workshop in Danish Road Clinic which was not being used; and a post was established there in January, 1952. Since that time a consultant from the main post clinic at High Road Bath has provided two additional weekly sessions at Danish Road Clinic. That the new clinic is enjoying a long life was in a measure pointed out by the fact that the fact that already the waiting lists for



## SECTION 27

## AMBULANCE SERVICES.

I am indebted to the County Medical Officer for the following statistics relating to the work carried out, during the past five years, from the Ambulance Station, Auckland Road, Leyton, E.10. (Tel. LEY 6077.)

	1949	1950	1951	1952	1953
Patients conveyed	15,167	23,300	24,196	29,586	31,238
Total mileage ...	82,109	108,654	114,558	123,995	130,110

The types of cases conveyed by Ambulances from the Leyton Ambulance Station during 1953 were:—

Accident	...	...	...	...	730
Maternity	...	...	...	...	571
Other emergency	...	...	...	...	893
Non-emergency	...	...	...	...	29,044
					31,238
					31,238

## SECTION 28

### PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

#### Foot Clinic.

Leyton Corporation was among the first local authorities in the country to provide a municipal foot clinic, where residents afflicted with defects of the feet could obtain skilled treatment from qualified chiropodists. It was in 1936 that the Leyton Foot Clinic was established at High Road Baths, with your present Senior Chiropodist (Mr. J. C. O'Brien, M.Ch.S) as the chiropodist in charge—and the only one. That the facilities provided made an early appeal may be judged from the fact that before the clinic had been open for a month the number of applicants for treatment was so great that even in these early days appointments were being made for as long as five weeks ahead. Although since that time the staff of permanent full-time chiropodists has been increased from one to four, and although it has been necessary to engage temporary part-time assistance to overtake accumulated arrears of work, never has it been possible to reduce the waiting time for appointments to less than five weeks. In fact five weeks has come to be regarded as the minimum waiting period, below which it is not possible to go, at least in Leyton, and eight weeks as the average or normal waiting time between appointments.

Prior to 1948 the treatment facilities were confined to Leyton residents, and the production of national identity cards was a condition of eligibility for treatment ; but, with the incorporation of the foot clinic facilities under Part III of the National Health Service Act, the service became national instead of local. The extent to which extra-district residents take advantage of the chiropodial facilities may be gathered from the fact that, of 1,325 new patients who attended during the year, 142 (10.7 per cent.) were resident outside the Borough.

Towards the end of 1951 the Health Authority approved my suggestion that, in order to overtake accumulating arrears of work, a temporary foot clinic should be established in a dental workshop in Dawlish Road Clinic which was not being used ; and a foot clinic was established there in January, 1952. Since that time a chiropodist from the main foot clinic at High Road Baths has provided two additional weekly sessions at Dawlish Road Clinic. That the new clinic is supplying a long-felt want in a densely populated area may be gathered from the fact that already the waiting-time for



appointments is as long as 12 weeks. Whereas a patient who attends regularly at High Road Baths can put in 4.1 attendances during the year, only 3.5 annual attendances are possible for a patient at Dawlish Road Clinic. It is of interest to note that the percentage of patients who received free treatment was 11.2 per cent. at Dawlish Road, as compared with 3.2 per cent. at the main clinic. The disparity in these figures shows the extent to which the elderly and necessitous take advantage of facilities for foot care when the facilities are accessible to them. The provision of chiropody is one of the most beneficent public services available to elderly people.

In May, 1952 arrangements were made with the Ambulance Supervisor for non-ambulant cases to be transported to the Foot Clinic by ambulance. The numbers of patients who have availed themselves of this service since its inauguration are, 1952 (May to December), 11 patients ; 1953, 22 patients.

Patients transported by motor ambulance are required to supply the Ambulance Supervisor with a medical certificate from their own doctor stating that they are not fit to travel by public transport.

### Summary of Attendances and Treatment.

#### (A) ALL AGES.

During the year there were 21,528 attendances for treatment, representing an increase of 1,627 over the attendances during the previous year.

	First Attendances (New Cases)	Subsequent Attendances	Total Attendances
Males ... ..	332	3,452	3,784
Females ... ..	1,055	15,660	16,715
Children ... ..	154	875	1,029
Total ... ..	1,541	19,987	21,528

The number of persons who received free treatment was 66 (4.2 per cent. of the total number of new cases). The following are the figures of attendances for these patients only.

	First Attendances (New Cases)	Subsequent Attendances	Total Attendances
Males ... ..	23	487	510
Females ... ..	43	1,962	2,005
Total ... ..	66	2,449	2,515

## DEFECTS TREATED.

Advice on shoes ... ..	1	Metatarsalgia ... ..	33
Bursitis ... ..	78	Mycotic infection ... ..	15
Callosities ... ..	415	Nail, ingrowing ... ..	91
Corns ... ..	401	Nail, club ... ..	123
Hallux valgus ... ..	113	Pes planus ... ..	31
Hallux rigidus ... ..	28	Strain ... ..	2
Hammer toe ... ..	43	Septic condition ... ..	11
Hyperidrosis ... ..	30	Trigger toe ... ..	3
Fissures ... ..	3	Verucca pedis ... ..	120

## REFERRED FOR MEDICAL TREATMENT.

Thirty-four patients were referred to their private medical practitioners for advice on treatment for the following conditions.

Arthritis ... ..	6	Oedema ... ..	7
Bi-lateral hallux valgus	3	Varicose condition ... ..	5
Calcaneal spur ... ..	1	Erythema pernio ... ..	8
Exostosis ... ..	1	Subungual exostosis ... ..	2
Fracture of 2nd metatarsal ("March Foot")...	1		

## (B) CHILDREN UNDER SCHOOL AGE.

Number of children ... ..	6	Average number of attendances per child ... ..	1.83
Number of attendances	11		

## DEFECTS TREATED.

Advice on shoes ... ..	1	Nail, ingrowing ... ..	1
Corns ... ..	3	Verruca pedis ... ..	1

## (C) SCHOOL CHILDREN.

Number of school children ... ..	148	Average number of attendances per child ... ..	6.8
Number of attendances	1,016		



## DEFECTS TREATED.

Bursitis ... ..	2	Nail, club ... ..	1
Callosities ... ..	3	Trigger toe ... ..	1
Corns ... ..	23	Pes planus ... ..	1
Hammer toe ... ..	4	Verruca pedis ... ..	108
Nail, ingrowing ... ..	1		

**Convalescence for Adults.**

(A) Number of applications during year ... .. 71

(B) Length of convalescence of cases sent during year :—

Length of stay	No. of Cases
1 week ... ..	2
2 weeks ... ..	22
3 weeks ... ..	39
4 weeks ... ..	8
Over 4 weeks ... ..	—

(c) Where cases have been sent :—

Name of Convalescent Home	No. of Cases sent
Essex Convalescent Home, Clacton ... ..	27
Bell Memorial Home, Lancing ... ..	11
Spero Fund Homes ... ..	9
Rustington Convalescent Home, Littlehampton ... ..	6
Church Army Homes ... ..	3
Samuel Lewis Home, Walton ... ..	3
National Institute for the Blind Home ... ..	2
Limpsfield Convalescent Home... ..	2
Wordsworth Home of Rest, Swanage ... ..	1
Merchant Taylors' Home, Bognor ... ..	1
Brook Lane Rest House, Brighton ... ..	1
John Howard Convalescent Home, Brighton ... ..	1
St. Michael's Convalescent Home, Westgate ... ..	1
Cumberland Convalescent Home, Herne Bay ... ..	1
St. Joseph's Convalescent Home, Bournemouth ... ..	1
Mrs. Loveland, Broadstairs ... ..	1

**HEALTH EDUCATION.****World Health Organisation—Visit of Delegates.**

During April, 1953 the World Health Organisation, by arrangement with the Ministry of Health of the United Kingdom, held in London the International Seminar on Health Education. This was the first Conference of its kind ever to be held, and the delegates comprised senior health officers of Governments from within World Health Organisations, European Region. The Health Education

problems of Europe, though varying from country to country, have sufficient similarity to warrant discussion on a collective basis.

Delegates were given the opportunity of attending at various centres to see what is being done in this country; and, at the request of the Ministry of Health, arrangements were made for a party to visit Leyton on Wednesday, 15th April. The delegates were taken to view the Health Education shop window, 280 High Road; then to the Mass Radiography Unit, where they saw the X-raying of persons working in shops and factories.

A visit was afterwards made to Dawlish Road Health Clinic, where the Chiropody Clinic, Minor Ailments Clinic and Dental Services were inspected. The party then proceeded to Park House Health Clinic, where the County Foot Exhibit was displayed, and films on the Care of the Feet, and Teaching Children to Walk, were being shown by the County Health Education Officer to nursing mothers and children attending the Clinic session. The delegates viewed the Infant Welfare Clinic in progress, and then had a discussion lasting an hour and a half. They were most impressed with what they had seen, and it is felt that the visit was of mutual interest both to the delegates and to medical and nursing staff of the County Council.

The delegates were :—

1. The Director of Social Hygiene, Ministry of Hygiene and Population, France.
2. Superintendent Health Visitor, Orleans, France.
3. The Director of Inter-Departmental Centre for Health Education, France.
4. Director-General of Social Medicine, Ministry of Public Health and the Family, Belgium.
5. Public Health Officer, Federal Ministry of Interior, Bonn, Germany.

**Shop Window Displays, 280 High Road, Leyton, E.10.**

Dates	Subject
17.12.52 to 17. 1.53	Accidents in the Home
19. 1.53 to 18. 3.53	Coughs and Colds
19. 3.53 to 22. 6.53	Mobile Mass X-Ray
22. 6.53 to 17. 8.53	Nutrition
31. 8.53 to 8.10.53	Clean Food
9.10.53 to 30.11.53	Foot Health
1.12.53 to 30.12.53	T.B. Care Association



## LECTURES AND FILM SHOWS — 1953.

Date	Where held	Subject	Type of Audience	Attendance
12.5.53 to 15.5.53	Health Clinic, Granleigh Road, E.11	Home Safety — Film and Display	Expectant and Nursing Mothers and Children	170
18.5.53 to 20.5.53	Health Clinic, Leyton Green Road, E.10	Do.	Do.	170
28.5.53	Health Clinic, Dawlish Road, E.10	Do.	Do.	30
28.9.53	Do.	Films : ' Brother for Susan ' ' Your Child Walking ' ' Surprise Attack ' ' Fly about the House '	General public	50
1.12.53 to 3.12.53	Health Clinic, Granleigh Road, E.11	Foot Health — Films and Display	Nursing Mothers	87
8.12.53 to 10.12.53	Health Clinic, Leyton Green Road, E.10	Do.	Nursing and Expectant Mothers	99
14.12.53 to 18.12.53	Health Clinic, Dawlish Road, E.10	Do.	Do.	41

## EXHIBITIONS.

13.4.53 to 24.4.53	Health Clinic, Granleigh Road, E.11	Foot Health	Expectant and Nursing Mothers and School Children	Fair
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### Home Safety.

At a Meeting of the Health Area Sub-Committee held on 16th February, 1953 the Area Clerk submitted a request from the Leyton Borough Council's Road Safety Committee for consideration to be given to the desirability of suitable action being taken to deal with the question of home safety. The Committee resolved that the matter be left to the discretion of the Chairman, in consultation with the appropriate Officers, to take any suitable action.

As a result of this I conferred with the Chairman, and with the co-operation of Miss Charley, Accident Prevention Officer, Crusader Insurance Company, an exhibition and film show on Home Safety was held at the Health Services Clinics on the following dates. The films were projected by the Road Safety Officer, and I take the opportunity of thanking him for his assistance.

Venue	Date	Numbers Attending
Park House Clinic ...	12th-15th May	170
Leyton Green Clinic ...	18th-20th May	170
Dawlish Road Clinic ...	28th May	30

Further to this, all mothers and children using the Clinics had an opportunity of viewing the exhibition, and these numbered several hundreds. Leaflets dealing with avoidance of scalds and burns, and the safe use of gas and electricity, were distributed. A film show dealing with Home Safety was arranged for the parents of babies attending the Essex County Health Services Clinic, Dawlish Road on Monday evening, 28th September, 1953 at the Clinic. Fifty parents were in attendance.

For many years it has been routine practice in this Area for health visitors to deal with the necessity of efficient fireguards during their visits to homes, for posters to be exhibited in the clinics, and for suitable pamphlets to be distributed to expectant and nursing mothers.

#### HOME OFFICE CIRCULAR No. 106/1953.

The Circular—issued in May, 1953—accompanied the Report on "Accidents in the Home" issued by the Standing Interdepartmental Committee which had been investigating the problem over a period of five years.



Attention was drawn to the large number of home accidents primarily caused by carelessness or ignorance, to the need for education of the general public on the importance of safety precautions in the home, and to the desirability of collaboration between the health, fire and education departments of local authorities. The most effective form of publicity is generally that carried out by medical officers, health visitors and sanitary inspectors—and other health workers who enjoy the confidence of the public—in the course of their routine duties.

The Committee's Report emphasised the importance of good building design and equipment, and this aspect of the problem was dealt with in a special circular addressed by the Ministry of Housing and Local Government to Housing Authorities.

#### THE PROBLEM.

During the ten years from 1940 to 1949 over 60,000 people in this country died from accidents in their homes compared with about 48,000 deaths on the roads.

The majority of victims are young children and old people, and fatal accidents in the home are the third largest cause of death. As there is no obligation to notify non-fatal accidents in the home, their number is not known accurately; nor are any official records available of the man-hours lost to industry. But some idea of the problem in terms of pain and disablement may be gained from these figures relating to one Birmingham Hospital. Among the population served by that hospital there were treated in the Accidents Hospital (for home accidents) during one year some 9 per cent. of the children under ten years and 3 per cent. of the adults. The average length of treatment for a burn was 35 days, and for a bad burn (generally caused by clothing catching fire) 50 days in hospital.

#### THE COMMONEST KINDS OF ACCIDENTS.

The commonest kinds of home accidents are :—

Falls (58 per cent.); burns and scalds (13 per cent.); suffocation (12 per cent.); coal gas poisoning (8 per cent.).

#### THE COMMONEST CAUSES OF ACCIDENTS IN THE HOME.

##### FALLS.

- (1) A dustpan and brush left on an ill-lighted staircase. Stairs should be kept clear and well lit.

- (2) A loop of flex across a living room. This is a double danger : the flex may be tripped over, or worn insulation might cause an electric shock.
- (3) A loose mat on a slippery floor. An old person who slips and falls may be fatally injured.
- (4) Loose stair carpets.

#### BURNS AND SCALDS.

- (5) An unguarded fire in a bedroom. It may easily set fire to the hem of a frock or nightdress and cause a fatal accident.
- (6) A saucepan handle sticking out over the edge of a stove. A child could scald itself badly by pulling the saucepan over.
- (7) A loose tablecloth which a child can reach and pull off, carrying with it teapots, hot pans, books or vases of flowers which might be on the table. Bad bruises or scalds can be caused in this way.

#### ELECTROCUTION.

- (8) An electric fire or radio set in a bathroom. Electric appliances of all kinds are dangerous in bathrooms.

#### POISONING.

- (9) Medicines or garden chemicals left within reach of a child. A comparatively small amount of poison, which would not hurt an adult, can kill a child.

#### SUFFOCATION.

- (10) Down pillows for small babies. If the baby turns over it may suffocate. Many babies in fact die each year in this way.

#### PRECAUTIONS ON LEAVING THE HOUSE.

See that: your cigarette is out, the iron is unplugged, gas taps are turned off, fires are guarded, and the television and wireless are switched off, or better still, disconnected.

#### Mass Radiography.

A further survey in the Area was carried out by Mass Radiography Unit 6B in the months of April, May and June over a period of approximately seven weeks.



Owing to the unsuitability for the purpose of the premises at 280 High Road, Leyton Corporation kindly put at the disposal of the Radiography Unit (free of charge) their Summer Theatre in the Coronation Gardens.

The new premises (the Summer Theatre) are much more suitable in every way, the only drawback being that adequate heating is not available in cold weather. Unfortunately the survey was held during a spell of cold weather, when the members of the public and of the staff were unduly exposed to the cold. This undoubtedly interfered with the attendances, and arrangements have been made for the survey to be undertaken later in the year in future. The Medical Director (Dr. Lawless) concludes his report with an expression of thanks to Leyton Council for the accommodation provided, and to the members of the Health Department for their help and co-operation.

#### ATTENDANCES.

##### Miniature Films.

Doctors' cases	...	...	...	...	199
General public	...	...	...	...	2,421
Appointments (factories, etc.)	...	...	...	...	4,984
Total	...	...	...	...	<u>7,604</u>

Four-hundred and sixty-five persons were recalled for large films.

#### RESULTS OF SURVEY.

	Males	Females	Total
Number of attendances for miniature X-ray	3,555	4,049	7,604
Number passed as normal on miniature or subsequent large film examination	3,345	3,879	7,224
Number showing some abnormality	210	170	380
Percentage showing some abnormality	5.90	4.19	4.99

## CLASSIFICATION OF ABNORMALITIES NOTED.

	Male	Female	Total
Congenital abnormality of bony thorax ... ..	23	4	27
Chronic bronchitis and emphysema	34	19	53
Broncho-pneumonia ... ..	...	1	1
Consolidation of unknown cause ...	2	...	2
Bronchoiectasis ... ..	6	3	9
Pulmonary fibrosis ... ..	6	4	10
Pneumoconiosis ... ..	1	...	1
Basal fibrosis ... ..	22	9	31
Pleural thickening ... ..	9	3	12
Intrathoracic tumours ... ..	3	2	5
Congenital cardio-vascular lesions	1	...	1
Acquired cardio-vascular lesions ...	3	7	10
Miscellaneous ... ..	22	25	47
Pulmonary tuberculosis—all types	78	93	171
Total ... ..	210	170	380

## TUBERCULOUS LESIONS.

<i>Inactive Tuberculosis.</i>	Male	Female	Total
Primary ... ..	28	39	67
Post-primary ... ..	43	43	86
Total ... ..	71	82	153
<i>Active Tuberculosis.</i>			
Primary ... ..	...	...	...
Post-primary ... ..	7	11	18
Total ... ..	7	11	18

These figures show that there were 18 cases of active tuberculosis disclosed by the survey, giving a ratio of 2.36 per 1,000 examinations. This compares favourably with the national figure for Mass Radiography, which is 3.3 per 1,000. The incidence was greater in the female than the male examinees, the respective ratios being 2.68 and 1.96 per 1,000.

All necessary action has been taken in respect of cases, both tuberculous and non-tuberculous, requiring further medical attention.



I should like to take this opportunity of conveying my appreciation of the co-operation of the Director of the Unit (Dr. Lawless) and his staff.

As a result of the visit of the Mass X-ray Unit in April, 1953, a member of the teaching staff of a local Primary School was found to be suffering from pulmonary tuberculosis, and it was considered advisable that all children at the school should be tested to find out whether any of them had been infected.

The parents of all children attending the school were invited to a meeting for the purpose of having the test explained to them. Dr. Ethel Emslie, Assistant County Medical Officer—who, in April, 1952, obtained the special approval of the Ministry of Health to the carrying out of a scheme for the protection of Leyton children against tuberculosis by the administration of B.C.G. vaccine—addressed the 100 parents who accepted the invitation to attend the meeting. Consent forms for the skin test were then issued to all parents; and, as a result, 181 children were tested. In five cases the parents of the children refused to take advantage of the offer.

Of the 181 children tested, 172 (95.03 per cent.) were found to be Mantoux negative, and nine (4.97 per cent.) Mantoux positive. The nine "positive" children were therefore subjected to special clinical and X-ray examination by the Chest Physician. The X-ray of one child showed a suspicious shadow and, as there was some slight rise in evening temperature, admission to sanatorium for observation was offered, but declined by the parents. The eight remaining cases—with the exception of one who was doubtful—had normal X-rays, and showed no abnormal physical signs. They continue to be under the care of the Chest Physician.

It is pleasing to be able to record the parents' interest and understanding of the necessity for these tests, which is proved by the low figure of 2.6 per cent. refusals.

### **Tuberculosis.**

#### **(a) OPEN AIR SHELTERS.**

(1) Number of shelters in use at end of year	Nil
(2) Total number of visits made to shelter by health or tuberculosis visitors during year	13

#### **(b) EXTRA NOURISHMENT.**

Number of new cases during year supplied with free milk	110
Total number being supplied with free milk at end of year	124

## (c) REHABILITATION.

## (1) New cases—

	Preston Hall	Papworth Hall
Number of new cases assisted during year ...	1	1
Number of cases for whom the Council ceased to be responsible ... ..	...	2
Number of cases being assisted at end of year	2	1

## (2) Number of cases being assisted who, at the end of the year, had been assisted for—

(a) less than 6 months ... ..	...	...
(b) 6 months to 1 year ... ..	...	1
(c) 1 year to 2 years ... ..	...	...
(d) over 2 years ... ..	...	2

## (d) HOME VISITS.

(1) Number of visits to tuberculosis cases by Tuberculosis Visitors ... .. 2,623

(2) Number of visits to tuberculosis cases by Health Visitors ... .. 894

**Loan of Sick Room Equipment.**

During the year 201 articles of sick room equipment were loaned on the recommendation of doctors, hospital almoners, etc.

	From Central Store	From Lady Raleigh Training Home
Air Beds ... ..	3	...
Air Pillows ... ..	...	...
Air Rings ... ..	32	13
Bed Back Rests ... ..	30	3
Bed Cradles ... ..	3	3
Bed Pans ... ..	30	16
Crutches ... ..	2	...
Hot Water Bottles ... ..	...	...
Invalid Chairs ... ..	11	...
Rubber Draw Sheets ... ..	13	10
Sputum Cups ... ..	...	1
Urinal Bottles ... ..	15	13
Feeding Cups ... ..	...	1
Steam Kettles ... ..	...	1
Sand bags ... ..	...	...
Commode ... ..	1	...
Totals ... ..	140	61



Special articles bought during the year :—

1 Air Bed.	1 Commode.
2 Air Rings.	1 Dunlopillo Ring.
3 Bed Cradles.	9 Rubber Sheets.
13 Bed Pans.	19 Urinal Bottles.
6 Bed Rests.	3 Invalid Chairs.
4 Bed Trays.	

### TUBERCULOSIS CARE ASSOCIATION.

I submit a report by Mr. F. C. Ware, the Secretary of Leyton, Wanstead and Woodford Tuberculosis Care Association.

“ The activities of the Association have been increased considerably during the year, and it is due mainly to these efforts that in March, 1953 it was possible for weekly extra nourishment vouchers to be increased in value to 10s. and 7s. 6d. For the ten ration periods following the increase, this valuable assistance alone cost the Association an average of £65 10s. 0d. each month as compared with approximately £32 previously.

“ The majority of extra nourishment grants are made to families in which the wage earner has been incapacitated by tuberculosis and the income is being supplemented by a National Assistance Allowance. In these families the benefit which the patient derives from this assistance is an important factor in combating the disease, whether it be granted at the time of initial diagnosis and subsequent inactivity whilst awaiting or receiving treatment, or during convalescence following discharge from hospital.

“ Visits by relatives to patients in hospital and sanatorium are usually encouraged, and considered an important aid to treatment. The Association has therefore always given special consideration to applications for financial assistance for this purpose. During the year 76 grants for fares were made, compared with 27 the previous year.

The undermentioned are some of the grants made by the Association during 1953 :—

Extra nourishment vouchers	...	...	...	...	...	441
Beds and bedding	...	...	...	...	...	7
Wireless licences	...	...	...	...	...	4
Fares of visiting relatives or to patients proceeding to convalescence	...	...	...	...	...	76
Holiday grants	...	...	...	...	...	2
Christmas grants to patients in hospital and at home	...	...	...	...	...	108
Removal expenses	...	...	...	...	...	1
Rehabilitation course fees	...	...	...	...	...	1
Financial grants	...	...	...	...	...	3
Fares of patients attending Occupational Therapy Centre (2 visits weekly)	...	...	...	...	...	9
Clothes	...	...	...	...	...	1

“ The Association maintains a keen interest in the Occupational Therapy Centre, and a grant of £25 was made to the Instructor for the purchase of materials. Members of the Committee continued to render an important service by assisting with the sale of finished articles of weaving, jewellery, woodwork, Christmas gifts, etc.

In addition to any material help which may be given to patients, an almost equally important feature of the work of the Care Association is the advice it gives to patients with domestic and financial problems. Although it is not claimed that a satisfactory solution is found in every case (*e.g.*, housing problems) the fact that there is an organisation for the specific purpose of dealing with the special problems affecting persons suffering from tuberculosis is usually an encouragement to patients and greatly appreciated by them.

“ On many occasions it has been possible to enlist the help of the British Legion, Women’s Voluntary Services, The R.L. Glasspool Trust, and the St. John & British Red Cross Library Department ; and to refer patients to the National Assistance Board for special grants. The Association has been fortunate to receive the closest co-operation from these Organisations throughout the year.

“ A close liaison is maintained with the Chest Clinics, and the Association receives valuable advice from the Chest Physicians. The Health Visitors also render an indispensable service by working in close liaison with the Secretary in matters concerning the welfare of patients.



" Finances were strengthened considerably during the year as a result of record Christmas Seals Campaign Sales. The income from sale in 1952/53 was increased by almost £100 to £303, and sales for 1953/54 have reached over £500.

" The ' per capita ' grants and the Sunday Entertainments Grants from the Essex County Council have provided most of the income of the Association until this year, when these grants amounted to £533 5s. 3d. compared with £789 17s. 10d. the previous year—a decrease of £276 14s. 5d. Fortunately some compensation for this loss has been achieved by increased voluntary effort. Although the ' per capita ' grant has been increased from 30s. to 40s. per thousand, the Sunday Entertainments Grant has decreased over the last years, presumably due to decline in the patronage of Sunday Cinemas.

" The Association can, therefore, no longer rely on grants to provide the larger proportion of its income ; and, if assistance to patients is to be maintained at the present level, the raising of funds must continue to be a major consideration of the Committee and its officials."

### OCCUPATIONAL THERAPY.

In March, 1950, it was reported to the Leyton, Wanstead and Woodford Care Association that certain local patients suffering from tuberculosis would be likely to benefit from a course of occupational therapy, and the Association decided that the necessary facilities be provided. A weaving class was commenced, and Mrs. S. A. Wiltshire was appointed as instructor. Since that time Leyton Health Area Sub-committee has accepted financial responsibility for the instructor's fees and the cost of equipment.

#### REPORT BY THE INSTRUCTOR (MRS. S. A. WILTSHIRE).

" At the end of 1952 five patients had returned to work or undertaken training courses for re-employment ; and, on 1st January, 1953 there remained on the register 10 patients. By June, five new patients had been enrolled ; and three, who were on the register in January, had resumed full employment. At the request of the Chest Physician, Walthamstow Chest Clinic the Leyton Health Area Sub-Committee agreed to allow a few patients from Walthamstow to attend the Centre

subject to there being vacancies, and bearing in mind the limited accommodation available. In May it was possible to allow two Walthamstow patients to join the centre, and in November a further one.

“The County Medical Officer requested that the Centre should again display samples of work at the County Show; and in addition the instructor and patients gave demonstrations of weaving, jewellery making, etc. Despite the heavy rain which fell on the second day, and the obscure position of the marquee, the Occupational Therapy stand attracted considerable interest, and sales were almost as high as the previous year.

“Attendance at the Centre was almost 100 per cent. from June onwards, and everyone worked hard for the Open Day, on 30th November. The opening ceremony was again performed by Alderman Mrs. R. King (Deputy Mayor), and Councillor Mrs. A. M. M. Burrell (Chairman, Health Area Sub-Committee) was in attendance. The work displayed for sale included:—

Weaving (rugs, tweeds, scarves, aprons, headscarves and table linen).

Leatherwork.

Felt novelties.

Woodwork.

Basketry.

Calendars.

Basket work is the latest craft undertaken at the Centre, and a high standard of work is already being achieved.

“The year has been encouraging due to the number of patients returning to full employment, and the standard of work by patients at the Centre. It is anticipated that another three patients will be returning to work in the near future, and that new patients will fill the vacancies created.”

It is increasingly apparent that the Occupational Therapy Centre has made an important contribution to the successful rehabilitation of many patients; an opinion which, to some extent, is confirmed by the number of patients returning to full employment following attendance at the Centre.



The benefits which patients can derive from Occupational Therapy have already been outlined in my previous reports; but of almost equal importance is that the Instructor should create and maintain an atmosphere of friendliness and goodwill at the Centre which will encourage patients to attend.

Mrs. S. A. Wiltshire, the Instructor since the opening of the Centre four years ago, has taken a very keen interest in the work and welfare of the patients. It is due mainly to her efforts that the Centre has gained such a high reputation among patients and the public.

Attendance at the Centre was maintained for four years at a high level and average weekly attendance for the year was 100. The opening ceremony was again performed by Alderman Mr. A. King (Mayor Mayor and Councillor) Mrs. A. M. Burrell (Chairman Health Area Sub-Committee) was in attendance. The work displayed for sale included: Weaving (wool, tweed, scarves, aprons, handkerchiefs and table linen).

Leatherwork: Ladies' handbags, purses, wallets, card cases, book covers, etc.

Knitwear: Sweaters, jumpers, scarves, etc.

Embroidery: Handkerchiefs, towels, etc.

Bookbinding: Diaries, notebooks, etc.

Book work: The latest craft magazines at the Centre, and a high standard of work is always being achieved.

The year has been successful due to the number of patients returning for employment and the standard of work by patients at the Centre. It is anticipated that another year's patients will be returning to work in the near future and that new patients will fill the vacancies created.

It is interesting to note that the Occupational Therapy Centre has made an important contribution to the rehabilitation of many patients in a hospital which is considered to be one of the best in the country.

Following attendance at the Centre, the following work was done:

## SECTION 29

## DOMESTIC HELP.

Seven years have now elapsed since Leyton Council, the then Maternity and Child Welfare Authority, extended their scheme for domestic help by including the provision of domestic help in necessitous cases other than mothers and infants ; and some idea of the work may be gathered from these figures :—

Year	Number of cases		
	Maternity	Other	Total
1947 ... ..	211	27	238
1948 ... ..	162	85	247
1949 ... ..	168	214	382
1950 ... ..	136	464	600
1951 ... ..	119	564	683
1952 ... ..	88	547	635
1953 ... ..	69	693	762

## (a) Number of helps and hours worked :—

Number of domestic helps enrolled at end of year—

Whole-time helps ... .. 16

Regular part-time helps ... .. 65

Number of domestic helps actually employed at end of year ... .. 80

Number of hours worked during year ... 101,965 $\frac{3}{4}$

## (b) Work of the Domestic Help Organiser :—

(1) First Visits ... .. 312

(2) Re-visits to beneficiaries—

(a) Domestic help present ... .. 254

(b) Domestic help not present ... .. 650

(3) Other visits ... .. 374



		Maternity	Acute Sick	Tuber- culosis	Chronic Sick		Aged Not Sick	Others	Total
					Aged	Others			
New cases helped during the year	... ..	67	32	23	255	64	20	5	466
Total cases completed during year	... ..	65	29	16	160	56	22	7	355
Cases being helped at end of year who have received help for :—	Under 3 mths.	4	6	9	49	6	5	...	79
	3—6 mths.	...	...	2	34	4	...	1	41
	6—12 mths.	...	...	2	74	15	7	...	98
	Over 12 mths.	...	...	7	139	19	24	...	189
	Total	4	6	20	296	44	36	1	407
Total cases helped during the year	... ..	69	35	36	456	100	58	8	762
Hours of help provided during year	... ..	4,802½	1,081½	3,012	65,766½	15,661½	11,041½	600½	101,965½

**Medical Examination of Staff.**

## (1) County Council employees—

Number of medical examinations for :

(a) Entrants to County Council's service	...	109
(b) Retirement on Superannuation	... ..	—
(c) Other purposes	... ..	—
Number of consultations with specialists arranged	... ..	—

## (2) Employees of other local authorities, etc.

Name of local authority, etc.	No. of medical examinations
Leyton Borough Council	58
Glamorgan County Council	1
Bolton Borough Council	1

**NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.**

At the end of the year one child minder was registered as a child minder, and is allowed to take up to four children. Frequent visits have been made by the health visitor, and the conditions are reported to be satisfactory.

During the year an application for registration was received from an applicant who desired to undertake the care of 12 children between the ages of three and five years.

After considering a detailed report on the premises and facilities, the Health Area Sub-committee refused to register as a child minder on the grounds that the presence of several elderly patients in the premises would prejudice the appropriate care of the children.

Several enquiries have been made by persons desiring to register for this purpose ; but, when the stringent regulations are explained, and especially when they realise that it is not likely to be a profit-making concern, the applications are not proceeded with.



# School Health Service

The figures set out below relate to the calendar year ended December, 1953.

	Number	Roll	Average Attendance	Percentage of Attendance
1. Secondary Schools ... ..	9	4,759	4,153	87.27
2. Primary Schools ... ..	18	9,080	8,543	94.09
Totals ... ..	27	13,839	12,696	91.74

## ROUTINE MEDICAL INSPECTION.

### A.—Routine Medical Inspection.

Number of Inspections in the prescribed groups.	Percentage of parents present
Entrants ... ..	1,680 95.35
Second Age Group ... ..	1,271 84.9
Third Age Group ... ..	1,087 33.7
Total ... ..	4,038

Of 4,038 children who were examined in the code age-groups, 3,053 (or over 75 per cent.) were accompanied by their parents.

### B.—Other Inspections.

#### SPECIAL INSPECTIONS.

The number of special inspections during the year was 9,005 comparing with 10,694 during the previous year.

#### RE-INSPECTIONS.

The number of re-inspections during 1953 was 11,441.

### The Findings of Medical Inspection.

NUMBER OF INDIVIDUAL CHILDREN FOUND AT ROUTINE MEDICAL INSPECTION TO REQUIRE TREATMENT (EXCLUDING DEFECTS OF NUTRITION, UNCLEANLINESS AND DENTAL DISEASES).

Group (1)	Number of Children		Percentage of Children found to require treatment (4)
	Inspected (2)	Found to require treatment (3)	
Code Groups—			
Entrants ... ..	1,680	211	12.56
Second Age Group ... ..	1,271	210	16.6
Third Age Group ... ..	1,087	115	10.58
Total (Code Groups) ... ..	4,038	536	13.27

UNCLEANLINESS AND VERMINOUS CONDITIONS.—At the special inspections held by the school nurses, 306 children were found to be unclean out of a total number of 28,081 examined (*i.e.*, 1.09 per cent.)

#### CLEANLINESS SURVEYS IN INDIVIDUAL SCHOOLS.

School	Number of Examinations	Number Cautioned	Number Excluded
Canterbury Road ... ..	2,513	5	...
Capworth Street ... ..	1,144	6	1
Cann Hall Road ... ..	2,478	43	3
Church Road ... ..	1,487	3	...
Tom Hood ... ..	...	...	...
Connaught Road ... ..	1,499	12	2
Downsell Road ... ..	2,997	29	2
Davies Lane ... ..	2,733	19	1
Farmer Road ... ..	547	...	...
Goodall Road ... ..	1,585	19	11
Lea Bridge Road ... ..	324	1	3
Mayville Road ... ..	2,699	63	4
Norlington Road ... ..	518	...	...
Newport Road ... ..	3,257	31	4
Sybourn Street ... ..	1,869	8	...
St. Joseph's ... ..	549	9	5
Trumpington Road ... ..	879	14	...
Knotts Green and Harrow Green	441	6	...
Leyton County High School ...	506	...	...
Occupation Centre ... ..	56	2	...
Total ... ..	28,081	270	36

Number of individual children found unclean ... 306  
of whom ... 36  
were referred to the Minor Ailments Clinics.



## UNCLEANLINESS.

Those of us who can remember the appearance—and the smell—of scholars and school rooms before the first world war can have no doubt regarding the hygienic transformation that has taken place in the cleanliness of pupils since that time.

Uncleanliness of scholars is not a popular subject in educational circles ; and even in health education it is kept well in the background. But although the precept may not have a great direct educational appeal, the practice of personal cleanliness in school has a most salutary indirect effect in the promotion of self respect, for habits of personal cleanliness acquired in school persist throughout life. It should also be realised and remembered that the uncleanliness of scholars was one of the original reasons for the employment of school nurses and school doctors.

Ever since the initiation of the School Health Service a persistent campaign has been waged against vermin in school children, and the conducting of cleanliness inspections in school makes a heavy demand on the time of school nurses.

The older members of the staff, who remember the heavily infested heads once so common, are impressed with the improvement in the standard of cleanliness ; for nowadays a child's head is classed as verminous even if one nit is discovered.

From year to year I include in my Annual Report a list showing the annual incidence of uncleanliness in Leyton schools over a period of 10 years ; but, in order to give a wider view of the situation, I submit these figures showing the percentage of Leyton school children found to be unclean over a period of 40 years.

Year	Number examined	Number found to be unclean	Per cent.
1913	4,048	772	19.07
1923	47,074	3,301	7.01
1933	35,461	1,540	4.34
1943	22,364	1,077	4.81
1953	28,081	306	1.09

In 1913 the number of children (4,048) submitted to cleanliness inspection in school was relatively small, but so was the number (one) of the school nursing staff ; and the high rate and severe nature of the verminous infestation then prevalent must have occupied a very large proportion of the nurse's time. But the most

important features of the figures submitted are the high percentage (19.07 per cent.) of children found to be unclean in 1913, and the substantial decrease in the percentage of unclean school children over the period of 40 years—from 19.07 per cent. in 1913 to 1.09 per cent. in 1953. Had it not been for the second world war, the decrease would no doubt have been progressive, but in 1943 conditions were exceptional and the progressive fall suffered a temporary check.

The most remarkable fall in the percentage incidence of uncleanliness occurred in the 10-year period that ended in 1923; and the following extract—from the Annual Report of my predecessor for the year 1925—throws some light on the extent to which such vermin as head lice may be regarded as the “hangers-on” of the world of fashion.

“By far the majority of these verminous conditions are due to lice and nits, which of course are most numerous in the long hair of girls. Bobbed and shingled hair is an undisguised blessing. May the fashion long continue. Cleanliness and freedom of the brain-case from the weight and heat of great masses of hair more than compensate for the loss of the abundant locks to which an old fetish attributes woman’s glory.”

## MEDICAL TREATMENT.

### Minor Ailments Clinics.

#### ATTENDANCES.

During the year 3,772 individual children attended the clinics, and made 9,597 attendances.

### Defective Vision.

Of the 4,038 children subjected to routine code group inspection in the schools, 188 (4.65 per cent.) were found to be suffering from some eye defect requiring treatment.

#### SPECIAL EYE CLINIC.

During the year there were referred to the Ophthalmic Surgeon 1,198 children. They made 1,658 attendances for examination and treatment. Sixty-three children were found to have no defect requiring treatment.



### Orthoptic Clinic.

The special orthoptic clinic for children suffering from squint is held at Leyton Green Clinic on five sessions per week—Tuesday (morning), Wednesday and Friday (all day). As the Consultant Ophthalmic Surgeon (Dr. A. Logan Adam) holds special ophthalmic clinic sessions in the same building at the same time on Wednesday (all day), and Friday (morning), there is close co-operation between the Eye Specialist and the Orthoptist (Mrs. K. S. Box, S.R.N., S.C.M., B.B.O.).

Cases of squint requiring operation are referred to Mr. M. Klein, Ophthalmic Surgeon at Whipps Cross Hospital, and by virtue of the fact that the Orthoptist (Mrs. Box) also acts as Orthoptist at Whipps Cross Hospital, there is close liaison between the two Departments, and arrangements can be made with the minimum of delay for the treatment of cases requiring surgical operations.

### Orthoptic Report for 1953.

Number of Sessions held	...	...	...	230
Number of cases investigated	...	...	...	540
Number of cases treated	...	...	...	438
Number of new cases seen	...	...	...	140
Number of cases discharged cured—				
With operation	...	...	...	19
Without operation	...	...	...	28
			—	47
Number still under treatment	...	...	...	210
Number under observation	...	...	...	187
Number failing to attend for complete course				4
Number discharged unsuccessful	...	...	...	2
Total number of attendances for the year	...	...	...	1,774

### School Dental Service.

#### FINDINGS OF DENTAL INSPECTION.

The following table shows in statistical form the results of school dental inspection in the individual schools mentioned.

School	No. of Children inspected	No. requiring treatment	No. approved for treatment	No. accepting treatment	No. refusing treatment	Percentage of acceptances
Canterbury ...	...	...	...	...	...	...
Cann Hall ...	...	...	...	...	...	...
Capworth ...	...	...	...	...	...	...
Church ...	...	...	...	...	...	...
Connaught ...	...	...	...	...	...	...
Davies Lane ...	...	...	...	...	...	...
Downsell ...	...	...	...	...	...	...
Farmer ...	...	...	...	...	...	...
Goodall ...	...	...	...	...	...	...
Harrow Green ...	...	...	...	...	...	...
Knotts Green ...	...	...	...	...	...	...
Lea Bridge ...	...	...	...	...	...	...
Mayville ...	...	...	...	...	...	...
Newport ...	716	639	639	504	20	79.29
Norlington ...	529	384	362	263	2	72.65
Sybourn ...	...	...	...	...	...	...
St. Joseph's ...	...	...	...	...	...	...
Tom Hood ...	427	302	284	174	6	61.27
Trumpington ...	295	206	188	143	4	76.06
County High ...	474	349	317	152	...	47.95

#### REPORT BY THE AREA DENTAL OFFICER (MR. A. E. HALL).

At the beginning of the year the dental staff was the equivalent of  $2\frac{5}{11}$ ths full-time dental surgeons; and by the end of the year it had risen to  $3\frac{4}{11}$ ths—the highest figure ever to be reached. Unfortunately even the latter record figure is only just over half of the authorised establishment. Recent additions to the dental staff—the result of an appeal to the Deans of dental teaching schools—have been newly or recently-qualified dental surgeons who are prepared to devote several sessions per week to the service of two or more authorities while waiting for appointments as house surgeon in hospital or studying for additional qualifications. Although their help is greatly appreciated, it is unfortunate that the present conditions of service are such that the remuneration of a full-time dental surgeon of long experience is substantially less than that of a



recently-qualified peripatetic part-time temporary dentist. One of the great needs in the public dental service today is the recruitment of young full-time dental surgeons who wish to make the public dental service their career.

In 1952—following the receipt of Ministry of Health Circular 22/52 and Ministry of Education Circular 254—a special appeal was made by the Local Dental Committee to provide dental practitioners to devote a portion of their time to the treatment of school children on a sessional fee basis, either in their own surgeries or in local authority clinics; but the response to the appeal was very poor. During 1953 an appeal was again made to local dental surgeons in private practice to undertake the treatment of priority class patients (expectant or nursing mothers, and children up to the age of 16 years) during one or more sessions per week. The appeal stressed the acute shortage of local authority dental staff and the great arrears of dental work that had accumulated in the school dental service; but the appeal had no response from dental surgeons in the area. Fortunately a dental surgeon from another area heard of the appeal and offered to assist at one weekly session.

#### Dental Inspections.

Periods between dental inspections in schools are still far too long, and with the increased number of children and the shortage of dental staff, the most that one can do by way of eliminating wasted time is not to offer treatment to children whose parents have habitually refused to accept it, other than emergency treatment for the relief of pain.

Six schools were inspected and treated during the year.

#### Orthodontics.

Due to the reduction of the special orthodontic sessions from two to one per week, it has become even more necessary to select cases which will offer the greatest chance of success coupled with the greatest good to the patient.

TABLE IV (PAGE 187) DOES NOT ALLOW SPACE FOR THE FOLLOWING ITEMS OF ORTHODONTIC TREATMENT :—

Impressions taken ... ..	179
New appliances fitted ... ..	62
Attendances for treatment ... ..	594
Advice and adjustment to appliances ... ..	593
X-rays ... ..	9
Finished cases ... ..	39

## ADDITIONAL OPERATIONS NOT TABULATED IN TABLE IV.

Denture space retainers fitted	...	...	...	...	23
Denture space retainers repaired	...	...	...	...	2
Local anæsthetics used	...	...	...	...	1,718
Application of silver nitrate	...	...	...	...	1,513
Sealing and polishing	...	...	...	...	1,375
X-ray films taken	...	...	...	...	283

**Oral Hygiene.**

During the year 1953 the Oral Hygienist (Miss Watts) has been devoting  $\frac{7}{11}$ ths of her official time to work in Leyton area and the remainder in Walthamstow.

All cases referred to her have been seen by one of the Authority's dental officers, and checks of the finished work are carried out by qualified dental surgeons. All her operative work has been well done, and she has the confidence of the patients.

During the year all head teachers of schools in the area were asked by the Borough Education Officer if they wished Miss Watts to visit the school and give short talks to the children on dental hygiene, to be illustrated by a colour film, "Let's Keep our Teeth," hired from the Educational Foundation Film Library.

Visits were made to five schools in the area who accepted these arrangements; and subsequent reports by the head teachers spoke very favourably of Miss Watts's efforts and asked for repeat visits at a later date. An evening talk has also been given to the Parents' Association of one school.

A day was devoted to the Essex Agricultural Show in June.

In addition to operative work (scaling, cleaning and simple gum treatment) for the mothers attending the Maternity and Child Welfare Clinics, the hygienist has devoted much time to the giving of talks on matters of dental hygiene.

One difficulty in the school dental service appears to be that of finding sufficient scaling among school children to keep a hygienist fully occupied in operative work; but this difficulty will be overcome to some extent when there are more dental officers at work in the area—the present number is only just over 50 per cent. of the approved establishment.



From examinations of large numbers of school children I have found approximately only 17 per cent. who require the services of an oral hygienist ; and I therefore consider that the main scope for her activity lies in the educational field—group instruction for children of 12 years and over, but individual talks to younger children. This activity we hope to extend during the coming year.

From time to time Miss Watts arranges small exhibits of posters, models and literature in the dental waiting room, and these give rise to many questions to the dental staff.

### Orthopaedic Clinic.

#### EXAMINATIONS BY ORTHOPAEDIC SURGEON.

Primary examinations	...	...	...	...	60
Re-examinations	...	...	...	...	149
The findings at primary examinations were :—					
Pes plano valgus	...	...	...	...	11
Genu valgum and pes plano valgus	...	...	...	...	1
Low arch	...	...	...	...	1
Hallux valgus	...	...	...	...	3
Tibial flexion deformity	...	...	...	...	2
Shortening of leg	...	...	...	...	1
Valgus deformity of heels	...	...	...	...	4
Hammer toes	...	...	...	...	2
Mid-tarsal varus	...	...	...	...	1
Genu valgum	...	...	...	...	4
Thickening, metatarsal shafts	...	...	...	...	1
Overriding toes	...	...	...	...	2
Pes cavus	...	...	...	...	1
Digitus varus	...	...	...	...	1
Valgus ankle	...	...	...	...	1
Torticollis	...	...	...	...	1
Varus deformity	...	...	...	...	4
Bowed tibia	...	...	...	...	1
Trigger thumb	...	...	...	...	1
Osteophytes	...	...	...	...	1
Elevation of rt. scapula	...	...	...	...	1
Flexion deformity-digit	...	...	...	...	1
Poor posture	...	...	...	...	1
Metatarsus primus varus	...	...	...	...	1
Kohler's disease	...	...	...	...	1

Rt. syndectomy ... ..	1
Referred to Whipps Cross Hospital for diagnosis	1
No disability ... ..	9
The following conditions were seen at re-inspections :—	
Valgus heels ... ..	2
Valgus ankles ... ..	3
Pes plano valgus ... ..	33
Low arch ... ..	1
Pes cavus ... ..	1
Hallux valgus ... ..	1
Spasmodic flat foot ... ..	1
Digitus varus ... ..	4
Pes plano valgus and digitus varus ... ..	1
Genu valgum ... ..	6
Genu valgum and pes plano valgus ... ..	6
Hammer toes ... ..	5
Congenital dislocated hip ... ..	2
Metatarsalgia ... ..	1
Congenital scoliosis ... ..	2
Elevation right scapula ... ..	1
Congenital synostosis radius and ulna ... ..	1
Hemiplegia ... ..	2
Bowed tibia ... ..	1
Poliomyelitis, left lower limb ... ..	2
Congenital amputation, right forearm ... ..	1
Congenital enlargement of limbs ... ..	1
Congenital shortening of limbs ... ..	3
Congenital talipes equinus ... ..	1
Talipes equinus ... ..	2
Spastic hemiplegia ... ..	3
Schlatter's disease ... ..	1
Spastic diplegia ... ..	1
Osteomyelitis ... ..	1
Fibula and flexion deformity ... ..	1
Kyphosis ... ..	1
Torticollis ... ..	1
Winged scapula ... ..	1
Loose body—knee ... ..	1

#### X-RAYS.

Arrangements for X-rays were carried out in eleven cases.



## PHYSIOTHERAPY.

Twenty-one children were referred to Whipps Cross Hospital for corrective exercises.

## ADMISSIONS TO HOSPITAL.

Eleven children were admitted to hospital, and the following operations performed :—

Tenotomy digits ... ..	2
Flexor tendon transfer—hammer toes ...	5
Stretching of tendo achilles under G.A. ...	1
Tenotomy of tendo achilles and P.O.P. ...	2
Removal of loose bodies—knee ... ..	1

## SURGICAL APPLIANCES AND BOOTS.

Minor alterations to boots (wedges, etc.) ...	66
Valgus insoles ... ..	2
Walking caliper ... ..	2
High boot ... ..	1
Raised boot ... ..	1
Raised shoe ... ..	2
Catterhall spring ... ..	2
Hallux valgus night splint ... ..	3

## Aural Clinic.

Two-hundred and six individual children were seen by the E.N.T. Specialist at the 32 sessions held in 1953, 142 being new cases. Altogether 490 visits were paid to the clinic, giving an average attendance per session of 15 cases.

The conditions dealt with by the E.N.T. Specialist were as follows :—

Chronic nasal catarrh ... ..	31
Otitis media ... ..	21
Conditions involving tonsils and adenoids ... ..	21
Chronic tonsillitis ... ..	9
Nasal obstruction, mainly adenoids ... ..	12
Rhinitis ... ..	5
Deafness from various causes ... ..	29
Other conditions ... ..	14

It will be appreciated that some of the children had more than one defect but the above classification indicates the main presenting defect in each case.

## TREATMENTS AND INVESTIGATIONS RECOMMENDED.

Removal of tonsils and adenoids	...	...	...	34
X-ray of sinuses	...	...	...	19
Politzeration	...	...	...	14
Medication	...	...	...	31
Pure tone audiometry	...	...	...	3
Other types of treatment, observation and investigation	...	...	...	41

## INVESTIGATIONS AND TREATMENT CARRIED OUT ON OTHER CASES DURING THE YEAR.

Pure tone audiometry	...	...	...	10
Politzerations	...	...	...	12
X-rays of sinuses	...	...	...	7
X-rays of chest	...	...	...	3
Antral lavage	...	...	...	8
Polypi removed	...	...	...	2
Cauterisations	...	...	...	3
Hearing aid ordered	...	...	...	1
Total number of tonsillectomies and adenoidectomies recommended in the year	...	...	...	56
Number of operations performed by E.N.T. Specialist	...	...	...	23
Number of adenoidectomies recommended	...	...	...	8
Number of operations performed	...	...	...	2

18 cases of deafness were cured or improved.

11 cases of otitis media cured or improved.

33 cases discharged as requiring no further treatment.

No report from the E.N.T. Specialist himself could be obtained owing to several changes of staff during the year.

## HANDICAPPED PUPILS.

Under Section 34 of the Education Act, 1944, it is the duty of the Local Education Authority to ascertain what children in their area require special educational treatment; and the Minister of Education has laid down, in the Handicapped Pupils Regulations, the several categories of pupils who are considered to require such special educational treatment. The children affected are those considered to be Blind, Partially Sighted, Deaf, Partially Deaf, Delicate, Diabetic, Educationally Sub-normal, Epileptic, Mal-adjusted, Physically Handicapped, and Pupils suffering from Speech Defects of a severe degree.



**Delicate Pupils.**

	Boys	Girls	Total
No. of Delicate Pupils ascertained ..	25	30	55
No. admitted to Knotts Green Day Open Air School .. .. .	8	2	10
No. admitted to Residential Open Air School .. .. .	15	28	43
No. awaiting admission to Residential Open Air Schools at 31/12/53 ..	3	...	3

**Physically Handicapped.**

Fortunately the number in this category is small, and attention is drawn to those receiving residential treatment, which is three at the end of 1953. There were none awaiting admission to either Day or Resident Schools.

	Boys	Girls	Total
No. attending at Knotts Green Open Air School .. .. .	8	8	16
No. attending at Residential Schools ..	3	...	3
No. ascertained in 1953 .. .. .	2	2	4
No. recommended Knotts Green Day Open Air School .. .. .	1	1	2
No. recommended Residential School ...	1	1	2
No. recommended to continue at Ordin- ary School .. .. .	4	3	7

**Educationally Sub-normal.**

	Boys	Girls	Total
No. of Educationally Sub-normal Pupils ascertained ... .. .	15	12	27
No. admitted to Harrow Green.. ..	13	9	22
No. admitted to Residential School ..	1	2	3

One child is awaiting admission to a Residential School.

Three children who were ascertained in 1953 will attend Harrow Green in January, 1954.

### **Maladjusted Pupils.**

Before these children are ascertained as Maladjusted the help of the local Child Guidance Clinic has usually been sought and treatment instituted there. No child was ascertained as maladjusted in 1953. One child ascertained in 1952, was placed in a Residential School.

### **Deaf Pupils.**

These are pupils who have no hearing, or whose hearing is so defective that they require education by the methods used for deaf pupils without naturally acquired speech or language.

No child was ascertained to be totally deaf in 1953.

There are six children of school age attending Residential Deaf Schools. Seven children are at Day Schools for the Deaf.

### **Partially Deaf Pupils.**

These are children whose hearing is so defective that they require for their education special arrangements or facilities, but not all the educational methods used for deaf pupils. They usually learn speech in a normal fashion, with or without hearing aids.

One child was ascertained as Partially Deaf in 1953, but was found to be fit to continue at an ordinary school with a hearing aid.

There were three children at Residential Schools for the Partially Deaf. There is one child at a Day Partially Deaf School.

Hearing aids have been supplied to four children who are able to carry on at Ordinary Schools satisfactorily.

### **Blind.**

These are children who are blind, or whose sight is so defective that they cannot be educated by methods involving the use of sight.

No child was ascertained as blind in 1953.

Three children attend Residential Schools for the Blind.

### **Partially Sighted.**

These are children who cannot follow the ordinary curriculum without detriment to their sight or to their educational development, but can be educated by methods involving the use of sight.

No child was so ascertained during 1953.

There was one boy in this category attending a school for Partially Sighted pupils.



### **Epileptic Pupils.**

One child was ascertained as epileptic and admitted to a Residential School. There are now two children at Residential Schools and one attending a Day School.

### **Section 57, Education Act, 1944.**

Under Subsection 3 of this section of the Education Act children found to be ineducable have to be notified to the Mental Welfare Authority. In 1953 four boys and six girls were notified as being incapable of education in the Special School.

Under Subsection 5 of Section 57 children who require supervision by the Mental Welfare Authority have to be notified. Four boys and six girls were so recommended in 1953 from Leyton and two boys and three girls from Forest Division attending Harrow Green School were referred for notification.

### **Section 48 of the Education Act.**

Under this Section of the Act it is possible to send children in need of a short recuperative holiday to a Convalescent or Holiday Home. This is an excellent method of dealing with children who are very debilitated either after a severe illness, such as pneumonia, or after a series of infections, such as whooping cough, measles and influenza. They quickly improve with four weeks at the seaside or in the country, and thereby reduce the number of cases which might have to spend a long time in a day open air school. In 1953 some 86 children were sent away for from four to six weeks—48 girls and 38 boys.

### **Section 56 of the Education Act.**

Under this section the Local Authority is empowered to provide education for children who are unable to attend a day or residential school. During 1953 one child received education at home, and on the 31st December, eighteen children were receiving tuition while long-term in-patients of Whipps Cross Hospital.

## PROVISION OF MEALS.

Average daily number of children fed under the Education Authority's arrangements during 1953 was :—

	Dinners	Milk Meals
Free ... ..	305	11,321
For payment ...	3,916	...
	<hr/>	<hr/>
Totals ...	4,221	11,321
	<hr/> <hr/>	<hr/> <hr/>

Number of meals supplied :—

	Dinners	Milk Meals
Free ... ..	65,602	2,183,206
For payment ...	760,391	...
	<hr/>	<hr/>
Totals ...	825,993	2,183,206
	<hr/> <hr/>	<hr/> <hr/>

## SPEECH THERAPY.

## I. CHILDREN AT PRESENT UNDERGOING TREATMENT—

<i>Diagnosis of Defects—</i>	Boys	Girls	Total
Stammer ... ..	44	9	53
Dyslalia ... ..	78	34	112
Disphonia ... ..	1	...	1
Dyslalia and stammer ... ..	5	2	7
Cleft palate ... ..	1	1	2
Lisp ... ..	9	6	15
Lisp and stammer ... ..	2	...	2
Hyporhinophonia ... ..	2	...	2
Dislalia and Hyporhinophonia ... ..	2	1	3
Dislalia and hyperrhinophonia ... ..	1	...	1
Aphasia ... ..	1	...	1
Disarthria ... ..	1	...	1
Delayed speech ... ..	5	3	8
Careless speech ... ..	2	...	2
No diagnosis ... ..	...	1	1
	<hr/>	<hr/>	<hr/>
	154	57	211
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>



*Incidence of speech defects among seniors, juniors, and infants—*

	Seniors	Juniors	Infants	Special Schools	Total
Stammer ... ..	21	17	13	2	53
Dyslalia ... ..	3	41	53	15	112
Lisp ... ..	4	5	6	...	15
Hyporhinophonia	1	1	...	...	2
Dyslalia and stammer	...	1	5	1	7
Lisp and stammer	...	...	2	...	2
Dislalia and hypo- rhinophonia	...	2	1	...	3
Dislalia and hype- rhinophonia	...	...	...	1	1
Cleft palate ... ..	1	...	...	1	2
Aphasia ... ..	...	...	...	1	1
Disarthria ... ..	...	...	...	1	1
Disphonia ... ..	1	...	...	...	1
Delayed speech	...	...	3	5	8
Careless speech	...	...	1	1	2
No diagnosis	...	...	1	...	1
	—	—	—	—	—
	31	67	85	28	211
	==	==	==	==	==

## 2. DISCHARGED—50.

	Seniors	Juniors	Infants	Special Schools	Total
Dyslalia ... ..	1	19	9	2	31
Stammering ... ..	5	4	4	1	14
Dyslalia and stammer	...	...	2	...	2
Retarded speech de- velopment...	...	...	...	1	1
Lisp ... ..	...	1	1	...	2
	—	—	—	—	—
	6	24	16	4	50
	==	==	==	==	==

3.	ON WAITING LIST	...	...	...	...	...	Nil
4.	AVERAGE NUMBER OF CASES TREATED DAILY	...	...	...	...	...	12
5.	HOMES VISITED	...	...	...	...	...	40
6.	SCHOOL DEPARTMENTS VISITED	...	...	...	...	...	62
7.	PARENTS INTERVIEWED	...	...	...	...	...	185
8.	CHILDREN REFERRED TO OTHER CLINICS	...	...	...	...	...	24
9.	NO. OF NEW CASES	...	...	...	...	...	67
10.	CHILDREN RE-ADMITTED	...	...	...	...	...	19
11.	NO. OF CHILDREN WHO LEFT BEFORE CURED OR DISCHARGED	...	...	...	...	...	9
12.	TOTAL NO. OF ATTENDANCES	...	...	...	...	...	2,407
13.	NO. OF CHILDREN REFERRED—NO TREATMENT NECESSARY	...	...	...	...	...	5

### CHILD GUIDANCE.

#### REPORT OF THE EDUCATIONAL PSYCHOLOGIST TO THE FOREST AND LEYTON DIVISIONS (MISS M. MARSHALL).

During the past year the Educational Psychologist has seen more children and given more individual tests than in any previous year. This is due partly to an increased number of requests from schools in the Forest Division where new schools have been opened during the year, and partly to the growth of the remedial teaching scheme in Leyton for children who are backward in reading.

Total number of individual tests given : 412.

	Boys	Girls	Totals
Forest ...	153	56	209
Leyton ...	153	50	203
Total ...	306	106	412

(44 of these tests were given by a student psychologist)



The greatest number of the children seen come from the Junior Schools ; and it is satisfactory to notice that there were a larger number of Infants than Secondary School pupils referred to the psychologist, since the younger the child, the more chance there is of bringing about a re-adjustment.

	Pre-school	Infants	Juniors	Secondary
Forest				
Boys	1	45	94	13
Girls ... ..	1	12	31	12
Leyton				
Boys ... ..	0	14	128	11
Girls ... ..	1	4	38	7
Total ... ..	3	75	291	43

The I.Q. range of these children follows the usual pattern, except perhaps in the larger group of very dull children seen in the Forest Division. This is, however, only to be expected in an area where there has been such a large and rapid increase in school population.

#### I.Q. RANGE.

	Below 70	71—90	91—110	111—130	131+	Totals
Forest ... ..	21	80	72	29	7	209
Leyton ... ..	5	42	102	42	12	203
Total ... ..	26	122	174	71	19	412

One of the Psychologist's chief duties in the schools is to advise the teachers on children who are failing to make expected progress, and it is apparent from the figures given above that the largest number of these are children with below-average intellectual ability. The pressing need for smaller classes, where the slower children may receive more individual help, is constantly emphasized by the results of the tests given by the Psychologist.

Various reasons lie behind the request for a psychological interview for any child. Sometimes the request comes from the teachers, sometimes from the parents via the school medical officer or head teacher. A broad survey of the reasons for the requests is given below, and it should be noted that sometimes a child is referred for more than one reason, e.g., a stammer and backwardness, or stealing from home and truancy from school.





In addition to work in the schools, the Psychologist also assisted in the work of the Child Guidance Clinic. Of the 412 children tested during the year, 106 were referred to the Psychiatrist (26 at the request of the Psychologist), and in some cases further tests were given by the Psychologist to these children. During the year 10 children (all boys) were given remedial teaching in reading or arithmetic at the Child Guidance Clinic at the request of the Psychiatrist. Altogether, these boys attended for 174 interviews or remedial education sessions with the Psychologist. Four of the ten have now been discharged as having reached a satisfactory standard, and the other six will continue in 1954. The Psychologist also had 41 interviews with parents or visitors to the clinic.

## ANALYSIS OF FIGURES FOR 1953.

	Walthamstow		Out-Area	
	W'stow	C'ford	Leyton	Forest
Number of Cases referred to the Clinic ...	93	19	52	57
Number of Cases diagnosed at Clinic ...	44	17	30	52
(a) <i>Psychiatrists</i>				
Diagnostic interviews ... ..	44	17	30	52
Treatment interviews ... ..	331	79	162	176
Other interviews ... ..	...	...	...	...
(b) <i>Psychologists</i>				
Clinic Cases tested ... ..	54	17	36	46
Cases given remedial education ...	14	11	4	6
Treatment interviews (remedial education) ... ..	147	110	83	105
School visits on behalf of Clinic cases	31	11	34	49
Other interviews ... ..	44	8	18	23
(c) <i>School Psychological Service</i>				
Individual cases seen ... ..	221	84	203	209
Number referred to Clinic ... ..	12	7	11	15
Number of School Visits ... ..	107	33	123	121
(d) <i>Play Therapists</i>				
Treatment interviews ... ..	186	32	214	232
(e) <i>Psychiatric Social Workers</i>				
Interviews at Clinic ... ..	636	127	325	335
Interviews elsewhere ... ..	22	1	52	53
(f) <i>Waiting List at 31.12.53</i>				
Cases for diagnosis ... ..	43	3	27	18
Awaiting treatment ... ..	...	...	...	...
Cases suspended by agreement with School Medical Officer or parents ...	...	...	5	2
(g) Number of pupils treated during year	86	28	54	65
Number of pre-school children treated during year ... ..	3 (High St.)	8 (W. Ave)	2	1

**RESEARCH WORK.****Anti-tuberculosis Vaccine (B.C.G.).**

In collaboration with the Medical Research Council, there is being undertaken in Leyton schools a Trial of Anti-tuberculous Vaccine (B.C.G.).

The trial involves at the outset children leaving secondary modern schools at the age of 15, and it is proposed to follow them up by regular examinations for at least three years. Participants in the trial are volunteers.

The scheme is being operated by a Medical Research Council team especially assigned to this work, and comprises the following examinations :—

- (a) Penultimate school term : Initial tuberculin-testing and X-raying of volunteers ; inoculation with B.C.G. of those tuberculin-negatives selected for vaccination.
- (b) Final school term (12-16 weeks later) : Second tuberculin test and second X-ray of all children tuberculin-negative at first test (whether vaccinated or not).
- (c) All groups will be X-rayed and tuberculin-tested at regular intervals for at least three years. In addition, they will receive regular visits from a health visitor.



### Progress in the Anti-Tuberculosis Vaccine Research Trial.

Report by Dr. T. M. Pollock—Physician in charge of B.C.G. Trials.

During 1953 the investigation into tuberculosis vaccines, in which the Leyton Public Health Authorities are co-operating with the Medical Research Council, continued. This scheme is being undertaken to discover the duration and degree of protection afforded by the vaccine in the general population; and in Leyton it began in 1950. Twenty-four other London Boroughs, besides areas in Manchester and Birmingham, are taking part; and the 54,000 volunteers in the scheme, some of whom were vaccinated during their last term at school, are now being followed up to determine the value of the vaccine. Six-hundred and twenty-eight young people in Leyton are included.

The follow-up consists mainly of a health visitor visit and annual chest X-ray; and during 1953, as in the previous year, the health visitors concerned in the visiting played a great part in the successful progress of the trial. At these visits details of the scheme were explained to the parents, and encouragement given to the young people concerned to take advantage of the necessary X-ray examination. During these visits the health visitors also recorded data essential to the investigation. The X-ray Unit visited Dawlish Road Clinic in October, when invitations were sent to the group (numbering 217) who left school at Easter and Summer, 1951. About three-quarters of the invited young people attended for examination—a slight decline from the high figures of the previous year. The X-rays are a great health safeguard in adolescents at a time of life when tuberculosis is common, and it is hoped that as many of the young people concerned as possible will continue to take advantage of this health check and help in the investigation.

STATISTICAL APPENDIX.

TABLE I.

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups :—

Entrants ... ..	1,680
Second Age Group... ..	1,271
Third Age Group ... ..	1,087
<b>Total ... ..</b>	<b>4,038</b>

B. OTHER INSPECTIONS.

Number of Special Inspections ... ..	9,005
Number of Re-inspections ... ..	11,441
<b>Total ... ..</b>	<b>20,446</b>

TREATMENT TABLE

(1)	(2)	(3)	(4)	(5)
Number of Defects referred to before treatment during the year	Number of Defects referred to before treatment during the year	Number of Defects referred to before treatment during the year	Number of Defects referred to before treatment during the year	Number of Defects referred to before treatment during the year
1	27	10	27	...
10	212	22	212	...
20	22	10	22	...
30	22	9	22	...
40	28	9	28	...
50	28	9	28	...
60	28	9	28	...
70	28	9	28	...
80	28	9	28	...
90	28	9	28	...
100	28	9	28	...
110	28	9	28	...
120	28	9	28	...
130	28	9	28	...
140	28	9	28	...
150	28	9	28	...
160	28	9	28	...
170	28	9	28	...
180	28	9	28	...
190	28	9	28	...
200	28	9	28	...
210	28	9	28	...
220	28	9	28	...
230	28	9	28	...
240	28	9	28	...
250	28	9	28	...
260	28	9	28	...
270	28	9	28	...
280	28	9	28	...
290	28	9	28	...
300	28	9	28	...
310	28	9	28	...
320	28	9	28	...
330	28	9	28	...
340	28	9	28	...
350	28	9	28	...
360	28	9	28	...
370	28	9	28	...
380	28	9	28	...
390	28	9	28	...
400	28	9	28	...
410	28	9	28	...
420	28	9	28	...
430	28	9	28	...
440	28	9	28	...
450	28	9	28	...
460	28	9	28	...
470	28	9	28	...
480	28	9	28	...
490	28	9	28	...
500	28	9	28	...
510	28	9	28	...
520	28	9	28	...
530	28	9	28	...
540	28	9	28	...
550	28	9	28	...
560	28	9	28	...
570	28	9	28	...
580	28	9	28	...
590	28	9	28	...
600	28	9	28	...
610	28	9	28	...
620	28	9	28	...
630	28	9	28	...
640	28	9	28	...
650	28	9	28	...
660	28	9	28	...
670	28	9	28	...
680	28	9	28	...
690	28	9	28	...
700	28	9	28	...
710	28	9	28	...
720	28	9	28	...
730	28	9	28	...
740	28	9	28	...
750	28	9	28	...
760	28	9	28	...
770	28	9	28	...
780	28	9	28	...
790	28	9	28	...
800	28	9	28	...
810	28	9	28	...
820	28	9	28	...
830	28	9	28	...
840	28	9	28	...
850	28	9	28	...
860	28	9	28	...
870	28	9	28	...
880	28	9	28	...
890	28	9	28	...
900	28	9	28	...
910	28	9	28	...
920	28	9	28	...
930	28	9	28	...
940	28	9	28	...
950	28	9	28	...
960	28	9	28	...
970	28	9	28	...
980	28	9	28	...
990	28	9	28	...
1000	28	9	28	...



## C. PUPILS FOUND TO REQUIRE TREATMENT.

Number of individual pupils found at Periodic Medical Inspection to require treatment (excluding dental diseases and infestation with vermin).

Group	For Defective Vision (excluding Squint)	For all other Conditions	Total individual Pupils	Percentage of children found to require Treatment
Entrants ... ..	17	198	211	12.5
Second Age Group ...	91	133	210	17.3
Third Age Group ...	41	77	115	10.6
Total (Prescribed Groups) ... ..	149	408	536	13.2
Routine Inspections (Junior Occupation Centre)	...	3	3	4.7

TABLE II.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1953.

Defect or Disease, (1)	Routine Inspections		Special Inspections	
	Number requiring Treatment (2)	Observation (3)	Number requiring Treatment (4)	Observation (5)
Skin ... ..	22	19	127	1
Eyes—(a) Vision ... ..	149	57	233	49
(b) Squint ... ..	26	16	22	5
(c) Other ... ..	13	6	288	5
Ears—(a) Hearing ... ..	17	90	17	5
(b) Otitis Media ... ..	20	72	27	...
(c) Other ... ..	66	15	169	6
Nose or Throat ... ..	95	83	207	10
Speech ... ..	10	15	43	3
Cervical Glands ... ..	1	37	4	...
Heart and Circulation ... ..	14	57	1	10
Lungs ... ..	16	92	43	15
Developmental—(a) Hernia ... ..	...	1	5	...
(b) Other ... ..	2	52	42	2
Orthopaedic—(a) Posture ... ..	9	35	2	1
(b) Flat Foot ... ..	46	36	20	...
(c) Other ... ..	51	54	95	1
Nervous System—(a) Epilepsy ... ..	2	...	5	1
(b) Other ... ..	10	20	9	1
Psychological—(a) Development ... ..	1	8	25	...
(b) Stability ... ..	8	12	15	4
Other ... ..	24	37	1,275	61

TABLE II.

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS.

Age Groups	No. of Pupils Inspected	A Good		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants ... ..	1,680	343	20.4	1,285	76.5	52	3.1
Second Age Group ...	1,271	419	32.9	818	64.4	34	2.7
Third Age Group ...	1,087	371	34.1	703	64.7	13	1.2
Other Routine Inspections ... ..	63	4	6.3	58	92.1	1	1.6
Total ... ..	4,101	1,137	27.7	2,864	69.8	100	2.5

TABLE III.—RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31ST DECEMBER, 1953.

## TREATMENT TABLE.

GROUP I.—Minor Ailments (excluding Uncleanliness, for which see Table V).

Disease or Defect (1)	Number of Defects treated or under treatment during the year	
	By the Authority	Other-wise
<i>Skin—</i>		
Ringworm—		
Scalp ... ..	1	...
Body ... ..	...	...
Scabies ... ..	1	...
Impetigo ... ..	8	2
Other skin diseases ... ..	136	4
<i>Minor Eye Defects—</i> (External and other, but excluding cases falling in Group II) ... ..	226	3
<i>Minor Ear Defects</i> ... ..	325	29
<i>Miscellaneous—</i> (e.g., minor injuries, bruises, sores, chilblains, etc.) ...	1,418	122
Total ... ..	2,115	160



TABLE III.—*contd.*

## GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS.—GROUP I).

Defect or Disease	Number of Defects dealt with	
	By the Authority	Other-wise
Errors of refraction (including squint) ... ..	...	407
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	...	...
Total ... ..	...	407
No. of Pupils for whom Spectacles were—		
(a) Prescribed ... ..	...	879
(b) Obtained ... ..	...	887

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Total number treated	
	By the Authority	Otherwise
Received operative treatment :—		
(A) for adenoids and chronic tonsillitis .. ..	...	109
(B) for other nose and throat conditions .. ..	...	16
Received other forms of treatment	325	29
	325	154

## GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(A) No. treated as in-patients in hospitals or hospital schools ... ..	19
(B) No. treated otherwise, <i>e.g.</i> , in clinics or out-patient departments ... ..	137

## GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated—

(A) Under Child Guidance arrangements ...	203
(B) Under Speech Therapy arrangements ...	211

TABLE IV.

## DENTAL INSPECTION AND TREATMENT.

(1) Number of pupils who were:—				
(a) Inspected by the Dentist	...	...	...	2,441
Specials (Casuals)	...	...	1,487	
Grand Total...	...	...	3,928	
(b) Found to require treatment	...	...	...	3,367
(c) Actually treated	...	...	...	3,495
(2) Half-days devoted to Inspection	22			
Treatment 1,571—Total	...	...	...	1,593
(3) Attendances made by children for treatment	...	...	...	9,193
(4) Fillings, Permanent Teeth	2,645			
Temporary „	479—Total	...	...	3,124
(5) Extractions, Permanent Teeth	981			
Temporary „	5,080—Total	...	...	6,061
(6) Administrations of general anæsthetics for extractions	...	...	...	1,636
(7) Other operations, Permanent Teeth	3,882			
Temporary „	2,191—Total...	...	...	6,073

TABLE V.

## INFESTATION WITH VERMIN.

(1) Total number of examinations in the Schools by School Nurses	...	...	...	...	28,081
(2) Number of individual pupils found to be infested					306
(3) Number of individual pupils in respect of whom cleansing notices were issued	...	...	...	...	187
(Section 54 (2) Education Act, 1944.)					
(4) Number of individual pupils in respect of whom cleansing orders were issued	...	...	...	...	...
(Section 54 (3) Education Act, 1944.)					



TABLE IV

Number of dental inspections and treatment rendered in 1944

(1) Total number of examinations in the schools by School Nurses	451	451
(2) Number of individual pupils from the schools on whom cleaning notices were issued	432	432
(3) Number of individual pupils in respect of whom cleaning orders were issued	432	432
(4) Number of individual pupils in respect of whom cleaning orders were issued (Section 54(2) Education Act 1944)	432	432
(5) Number of individual pupils from the schools on whom cleaning notices were issued	432	432
(6) Number of individual pupils in respect of whom cleaning orders were issued (Section 54(2) Education Act 1944)	432	432
(7) Other operations: Permanent Teeth 3,822 Temporary Teeth 2,191—Total 6,013	3,822	6,013
(8) Administrations of dental anaesthetics for extractions	1,038	1,038
(9) Estimated Permanent Teeth 3,812 Temporary Teeth 2,180—Total 5,992	3,812	5,992
(10) Attendance made by children for treatment	1,493	1,493
(11) Half days devoted to inspection	1,593	1,593
(12) Actually treated	3,822	3,822
(13) Found to require treatment	3,822	3,822
(14) Grand Total	3,822	3,822
(15) Inspected by the Dentist	1,487	1,487
(16) Number of pupils who were	2,441	2,441